

C12000149652

Florida Department of State

 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000280191 3)))



H120002801913ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

 Division of Corporations
 Fax Number : (850) 617-6383

From:

 Account Name : DORAL NOTARY CORPORATE FILING, INC
 Account Number : I20120000057
 Phone : (305) 436-0979
 Fax Number : (305) 592-5575

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2012 NOV 29 AM 8:31

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
 SWANK SOIREES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T. C. ONE

NOV 30 2012

EXAMINER

RECEIVED

11 NOV 29 AM 11:55

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H12000280101

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SWANK SOIREES, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

16422 SW 94 STREET
MIAMI, FL 33196

Mailing Address:

16422 SW 94 STREET
MIAMI, FL 33196

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NELSON & ASSOCIATES, CPA PA

Name

1867 NW 97TH AVENUE, SUITE 102

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL 33172

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H12000280101

2012 NOV 29 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H12000280191

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

STEPHANIE BUTKA

16422 SW 94 STREET

MIAMI, FL 33198

MGR

YOHANDRA ROSALES

16422 SW 94 STREET

MIAMI, FL 33198

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

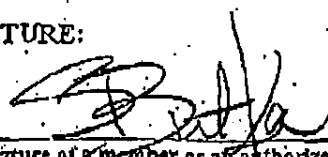
2012 NOV 29 AM 8:34

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

STEPHANIE BUTKA

Typed or printed name of signer

H12000280191