## 130000026678

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| ·                                       |
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|   |

Office Use Only



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ALLAHASSEE, FLORIDA

13 FEB 20 PH 3: 47

13 FEB 20 PH 4: 07
SECRETARY OF STATE
ALL AHASSEE FLORID.



FEB 2 0 2013 J. BRYAN (850) 245-6051.

## **COVER LETTER**

| TO:      | Registration S<br>Division of Co |  |   |  |
|----------|----------------------------------|--|---|--|
| SUBJE    | ст: _СЪе                         | Name of Limite                                   | tage ala la la Liability Company                                    | Mode   |
| The end  | losed Articles of                | Organization and fee(s) are s                    | ubmitted for filing.  |  |
| Please r | eturn all corresp                | ondence concerning this matte                    | er to the following:  |  |
|          | Char                             | mine Bay   | Helemy<br>Name of Person  | 13 FEB 20  |
| -        | ,                                |  | Firm/Company  | eng P  |
|          | 1924                             | Honolulu Ir                                      | Address   | FLORIDE H. O.T.  |
|          | Talla                            | rassee Fl  | 32304   |  |
| -        | Chatt                            | relemy (a) Val<br>E-mail address: (to be used to | y/State and Zip Code  OC COV  or future annual report notification) |  |
| For fur  | ther information                 | concerning this matter, please                   | call:   |  |
| Ck       | Narmine<br>Name                  | Batheleny  | at (501) 901-6<br>Area Code & Daytime Tel                           | 9249<br>ephone Number  |
| Enclos   | sed is a check fo                | or the following amount:                         |   |  |
| \$125.   | 00 Filing Fee                    | □\$130.00 Filing Fee & Certificate of Status     | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|          |                                  | Mailing Address Registration Section             | Street/Courier Address Registration Section                         |  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Charming Vintage ala Mode 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:  Mailing Address:  |
| 1924 Honolu In 1924 Honolu In Tallahassee Fl 32304  Tallahassee Fl 32304   |
| 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:   |
| Charmine Bathelemy Name  |
| 1924 Honolulu In Florida street address (P.O. Box NOT acceptable)  |
| Tallahassee Fl FL 32,304<br>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 |
| CBAH. O.   |

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address:   |
|--|---|
| MGRM   | Charmine Bathelemy. 1824 Honolyly In Tallahusse = 1 32304   |
|  | 3 FEB 20  |
|  |   |
| (Use attachment if necessary)                          | · · · · · · · · · · · · · · · · · · ·   |
| CLE V: Effective date, if other than th                | te date of filing: <u>2/20//3</u> . (OPTIONAL) st be specific and cannot be more than five business d |
| REQUIRED SIGNATURE:                                    |   |

(In accordance with section 608.408(3), Florida Statutes, 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.)

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

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)