

L13000029794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

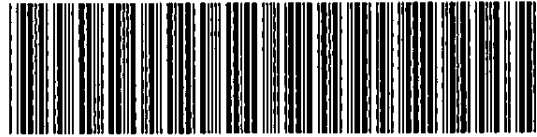
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

FEB 26 2013

A. LUNT

Office Use Only



800245037918

02/25/13--01035--010 \*\*160.00

2013 FEB 25 PM 4: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# TIFANI MICHELE, LLC.

4827 SW 183 AVE.  
MIRAMAR, FL 33029

TO: Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
(850) 245-6051

SUBJECT: TIFANI MICHELE, LLC.

The enclosed Articles of Organization and fees are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Ms. Sharon Graham  
Registered Agent for Tifani Michele, LLC.  
4827 SW 183 Ave  
Miramar, Florida 33029  
[tifanimichele@gmail.com](mailto:tifanimichele@gmail.com)

For further information concerning this matter, please call either

Ms. Tifanne Hansle at 334.421.8632  
Ms. Michelle Sarette at 305.360.9927

Enclosed is a check for the following: ☐ \$160.00 Filing Fee, Certified Copy, Certificate of Status (additional copy is enclosed)

FILED  
2013 FEB 25 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

§

COUNTY OF BROWARD

§

§

**ARTICLES OF ORGANIZATION  
OF**

**TIFANI MICHELE, LLC.**

The undersigned desire to become a body corporate for the purpose of rendering professional services only, and for that purpose do make, sign and file the following **ARTICLES OF ORGANIZATION** pursuant to the provisions of Section 608.407, Florida Statutes

**ARTICLE I.  
NAME**

The name of the Limited Liability Company shall be **TIFANI MICHELE, LLC.**

**ARTICLE II.  
ADDRESS**

The mailing address and the street address of the principle office of the Limited Liability Company shall be:

4827 SW 183 Ave  
Miramar, Florida 33029

**ARTICLE III.  
REGISTERED AGENT**

The name and Florida street address of the Limited Liability company's registered agent is:

SHARON GRAHAM  
4827 SW 183 Ave.  
Miramar, Florida 33029

*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

S. GRAHAM

2013 FEB 25 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**ARTICLE IV.**  
**MANAGING MEMBERS**

The name and address of each Managing Member of TIFANI MICHELE, LLC., Are the following:

1. TIFFANNE HANSLE (MGRM)      2804 Moton Circle, Tuskegee, Alabama 36088
2. MICHELLE SARETTE (MGRM)    7841 NW 53rd Court, Lauderhill, Florida 33351

**ARTICLE V.**  
**EFFECTIVE DATE**

The Limited Liability Company's Effective Date shall be as of the date of this filing.

**ARTICLE VI.**  
**AMENDMENTS**

This Limited Liability Company reserves the right to amend, alter, change or repeal any provision contained herein in the manner now or hereafter prescribed by law, and all rights conferred on stockholders herein are granted subject to this reservation.

In Witness Whereof, each subscriber has signed these **ARTICLES OF ORGANIZATION** on the date opposite each signature.

  
TIFFANNE HANSLE  
INCORPORATOR / MGRM

2/21/13  
DATE

  
MICHELLE SARETTE  
INCORPORATOR / MGRM

2-21-13  
DATE

*(In accordance with §608.403(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.)*