#13000/19/24

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Saemose Emily Hame)
(December 1)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CORRECTION TO EFF. DATE PER
CONVERSATION WITH
PORTIA SMITH 8/22/2013 KS
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SECRETARY OF STATE

K. SALY EXAMINER AUG 2 2 2013 --

COVER LETTER

то:	Registration S Division of Co				
SUBJE	CCT:	Miami Pos Name of Limite	S Li C ed Liability Company	· · · · · · · · · · · · · · · · · · ·	
The end	closed Articles of	f Organization and fee(s) are s	submitted for filing.		
Please	return all corresp	ondence concerning this matt	er to the following:		
		Portia	Smith Name of Person		
Miami Posh uc					
	3259 Clint Moore Rd #103				
		Boca Rotor	y/State and Zip Code	<i>ω</i>	
-		miamiposhb	DUTIQUE @ BIMO for future atthual report notification)	ul.com	
For fur	ther information	concerning this matter, please	call:		
	POVHA Name	SMHM of Person	at (none Number	
Enclos	sed is a check fo	or the following amount:			
⊒ 8125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 3259 aint More 124 163 3259 Clint Moore Rd #103 BOCA RATION PL 33496 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: Florida street address (P.O. Box NOT acceptable) FL 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.. (REOURED) (CONTINUED) Page 1 of 2 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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 ized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document In accordance will section out on 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.)

Smith Porta Typed or printed name of signee

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)