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MULAHASSAN FICABA

Rachelle Guzman 1350 NE 132 ST North Miami, FL 33161 786-266-9367 Mobile

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Buxom Boutique
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rachelle Guzman
Name of Person
Firm/Company
1350 NE 132 ST
Address
NORTH MIAMI, FL 33161
City/State and Zip Code
NURSEGUZMAN1@GMAIL.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachelle Guzman (786) 266-9367
Name of Person Area Code Daytime Telephone Number (C)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \tag{\tag{\$130.00 Filing Fee & \tag{\$155.00 Filing Fee & \tag{\$160.00 Filing Fee, \tag{\$160.00 Filing Fee} \$160.00 Filing Fee, \tag{\$160.00 Fili
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
(additional copy is electosed)
Mailing Address Street/Courier Address
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BUXOM BOUTIQUE LLC				
	Must end with the words	"Limited Liability (Zompany, "L.L.C.,"	" or "LLC.")
ARTICLE II - Addre	ess: nd street address of the p	rincipal office of the	: Limited Liability	Company is:
Principal Office Add	ress:	Mailing Addres	<u>is:</u>	
1350 NE 132 ST NORTH MI.	AMI, FL 33161	1350 NE	132 ST NORTH MIAMI,	FL 33161
(The Limited Liability another business entity	stered Agent, Registered Company cannot serve a y with an active Florida a rida street address of the	as its own Registered registration.)	d Agent. You must	designate an individual or
	RACHELLE GUZMAN			_ ;. ,
		Name		
	1350 NE 132 ST			
	Florida street address	(P.O. Box NOT acc	eptable)	
	וνοπη iviiami	FL 3	33161	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		FL 3	33161 Zip	-

Page 1 of 2

Signature of a member of an authorized representative of a member. (In accordance with section 605 0203 (1) (b), 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	achment if necessary) Tective date, if other than the date of filing:	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member (In accordance with section 505) 2203 (1) (b), 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	Signature of a member of an authorized representative of a member of an authorized representative 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	_	Rachelle Guzman 1350 NE 132 ST NORTH MIAMI, FL 33161
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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)