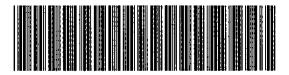
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, (Re	equestor's Name)			
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	WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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DIVISION OF CORPORATIONS
14 JAN 17 AM 9: 50



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mame 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:
Yasmin Garcia Name of Person
INDULGENCE BOUTHQUE
11767 South Dixie Highway #374
Pinecrest Fl. 33156 City/State and Zip Code Pouri Queindul gence @ gmail. (on E-inail address: (to be used for future annual report notification).
For further information concerning this matter, please call:
Yasmin Garcia at (784) 440-9172 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2014

YASMIN GARCIA 11767 S DIXIE HWY #374 PINE CREST, FL 33156

SUBJECT: INDULGENCE BOUTIQUE

Ref. Number: W14000004828

SECRETARY OF STATE DIVISION OF CORPORATIONS

We have received your document for INDULGENCE BOUTIQUE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS Regulatory Specialist II

Letter Number: 714A00001638



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2014

YASMIN GARCIA 11767 S DIXIE HWY #374 PINE CREST, FL 33156

SUBJECT: INDULGENCE BOUTIQUE LLC

Ref. Number: W14000004828

SECRETARY OF STATE DIVISION OF CORPORATIONS

We have received your document for INDULGENCE BOUTIQUE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS Regulatory Specialist II

Letter Number: 714A00001638

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

Indulo				
(Must ens	with the words "Lin	nited Liability Company	, "L.L.C.,"	or "LLC.")

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

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: Yasmin Garcia Name 11747 S. Dixie Hgwy Florida street address (P.O. Box NOT acceptable) Pineurest FL 33154 City 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 605, F.S.

· Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

DIVISION OF CORPORATIONS

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
mgr	Yasmin Garcia 11767 S. Divie Hawy #3 Pinecrest, Fl. 33450
(Use attachment if necessary) CLE V: Effective date, if other than the date of effective date is listed, the date must be species of filing.)	of filing; (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
CLE VI: Other provisions, if any.	
	<i>,</i> , ,
REQUIRED SIGNATURE:	nuitalla
Signature of a men (In accordance with section 6 constitutes an affirmation un I am aware that any false inf	mber or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document need the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)

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)

Page 2 of 2