

L14000035659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

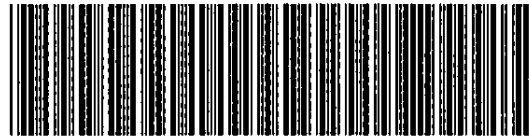
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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A. LUNT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 FEB 28 PM 2 44

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BULLET 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:

KENESHA MEDINA

Name of Person

BULLET BOUTIQUE

Firm/Company

100 SW 10TH ST

Address

MIAMI FL 33130

City/State and Zip Code

BULLET BOUTIQUE MIAMI @ GMAIL . COM

E-mail address: (to be used for future annual report notification)

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RECEIVED  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

KENESHA MEDINA

Name of Person

at ( 954 ) 663-0785

Area Code

Daytime Telephone Number

Enclosed is a check for 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,  
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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BULLET BOUTIQUE 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:

100 SW 10TH ST  
MIAMI FL  
33130 APT. 503

Mailing Address:

100 SW 10TH ST  
MIAMI FL  
33130 APT. 503

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:

KENESHA MEDINA

Name

4984 SW 158TH WAY

Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR

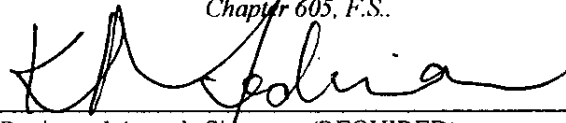
City

FL

33027

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)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

KENESHA MEDINA

4984 SW 158TH WAY

MIRAMAR FL 33027

OWNER

NICOLE JEREZ

100 SW 10TH ST

MIAMI FL 33130 APT. 503

OWNER

(Use attachment if necessary)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

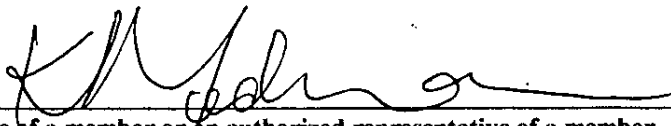
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**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or 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 constitutes a third degree felony as provided for in s.817.155, F.S.)

KENESHA MEDINA

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)