

L140 00096773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

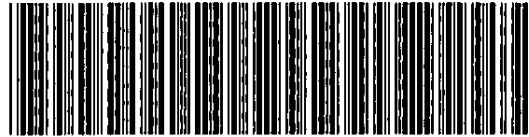
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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16 JUN 16 PM 12:10
FALL RIVER, FLORIDA
SUNSHINE STATE
CLERK OF COURT

J. Stivers JUN 17 2014



Miami Merchandise Mart @ Double Tree Hotel • 777 NW 72 Avenue, 2nd Floor, #F2100, Miami, FL 33126
Phone: 786-333-5652 E-Mail: vidaBohemian@gmail.com

June 12, 2014

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Processor:

I am really looking forward to this new venture. Attached please find the articles of organization and a check for the filing fee of my company, **vida Bohemian Apparel, LLC**.

If there are any questions or concerns, please do not hesitate to contact me. Thank you.

Sincerely,

Leivy Garcia
Owner

PH 786-333-5652

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: vida Bohemian Apparel, LLC
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:

Leivy Paz Garcia
Name of Person

vida Bohemian Apparel, LLC
Firm/Company

@ Miami Merchandise Mart 777 NW 72 Avenue, Second Floor, #F2100
Address

Miami, Florida 33126
City/State and Zip Code

vidabohemian@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leivy P. Garcia at (786) 333-5652
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Vida Bohemian Apparel, 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:

Miami Merchandise Mart
777 NW 72 Avenue, 2nd Floor, #F2100
Miami, FL 33126

Mailing Address:

14606 SW 153 Place
Miami, FL 33196

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:

Leivy Paz Garcia

Name

14606 SW 153 Place

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


Miami

City

FL 33196

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)

FILED
16 JUN 16 PM 12:19
CLERK
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Leivy P. Garcia

AMBR

Maria S. Paz

AMBR

Jesus Garcia

AMBR

Gabrielle Garcia

(Use attachment if necessary)

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.)

Leivy Paz Garcia

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)

FILED
16 JUN 16 2019
TALLAHASSEE
FLORIDA