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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
- 1	Office Use Onl	· · · · · · · · · · · · · · · · · · ·



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SECRETARY OF STATE
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SEP 1 6 2014 T. HAMPTON

COVER LETTER

Division of Corporations
SUBJECT: Glamorous Occasions Wedding Planning and Event Decor, 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:
Joann Moncada
Name of Person
Glamorous Occasions Wedding Planning and Event Decor, LLC
Firm/Company
COFC Adole Dand
8356 Adele Road Address
Lakeland, FL 33810
City/State and Zip Code
info@glamorousoccasions.events E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joann Moncada at (863) 513-5121
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \sum \\$\$155.00 Filing Fee & \sum \\$\$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Glamorous Occasions Wedding Planning and 6 (Must end with the words "Lim	Event Decor, LLC nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8356 Adele Road	8356 Adele Road
Lakeland, FL 33810	Lakeland, FL 33810
another business entity with an active Florida registrement of the	·
Joann Moncada	
N	lame
8356 Adele Road	
Florida street address (P.O.	Box NOT acceptable)
Lakeland	FL 33810
City	Zip
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the	pt service of process for the above stated limited liability company a accept the appointment as registered agent and agree to act in this ions of all statutes relating to the proper and complete performance be obligations of my position as registered agent as provided for in Chapter 605, F.S
	ignature (REQUIRED)
(CONT)	INUED)
Page	INDED) ASSEE FLOW TOTAL TOT

The name and address of each person	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	T .
AMBR	Joann Moncada
	835 6 Adela Rosal
	Landonel, The Soll
(Use attachment if necessary)	
ective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
ective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
ective date is listed, the date must be of filing.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
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Extive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 d
REQUIRED SIGNATURE: Signature of a (In accordance with section	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
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