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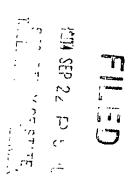
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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B. BOSTICK

SEP 2 3 2014

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT: Blush i	Bridal Couture Name of Lin	nited Liability Company		
	of Organization and fee(s) an	_		
Please return all corre	spondence concerning this m	atter to the following:		
<u>Fondren</u>	Watts			
		Name of Person		
Blush Br	idal Couture			
		Firm/Company		
<u>7470 Ed</u>	enmore St.			
		Address		
Lakewoo	d Ranch, FL 34202	Pade 17' C. I		
Fond	cen @Blus	State and Zip Code	7.NU =1	4-
	E-mail address: (to be use	d for future annual report notifica	ation)	
For further information	on concerning this matter, plea	ase call:	; +	
) FOT FOTO	<	LO # C-1
Fondren Watts Nar	at (§		lephone Number	7)
			; · · · ·	
Enclosed is a check for	or the following amount:		्रिती	<u>-</u>
□ \$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)
· Ma	iling Address	Street/Courier Add	PACE	

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:		
Blush Bridal Couture, LLC		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
7470 Edenmore St. Lakewood Ranch, FL 34202	7470 Edenmore St. Lakewood Ranch, FL 3420)2
ARTICLE III - Registered Agent, Registered Office. (The Limited Liability Company cannot serve as its own another business entity with an active Florida registrati	n Registered Agent. You must des on.)	
The name and the Florida street address of the registere	a agent are:	
<u>Michael Mei</u> Nam	ie	
4500 T. II. D.	•	
4580 Trails Dr. Florida street address (P.O. Bo	ox NOT acceptable)	
Sarasota	FL 34232	
City	Zip	
Having been named as registered agent and to accept s the place designated in this certificate, I hereby accept acceptions of my duties, and I am familiar with and accept the occupations. Registered Agent's Sign	pt the appointment as registered ag s of all statutes relating to the prop bligations of my position as registe pter 605, F.S	gent and agree to act in this er and complete performance
(CONTINU	UED)	
Page 1 of	72	

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	·
MGR" = Manager	
MGR	Nicole Mei
	4580 Trails Dr.
	Sarasota, FL. 34232
MGR	Fondren Watts
	7470 Edenmore St.
	Lakewood Ranch, FL, 34202
	
V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the tive date is listed, the date must filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
Use attachment if necessary) V: Effective date, if other than the citive date is listed, the date must filing.) VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the ctive date is listed, the date must filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or s
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V: Effective date, if other than the citve date is listed, the date must filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sections)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the citive date is listed, the date must filing.) VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
V: Effective date, if other than the citive date is listed, the date must filing.) VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
CV: Effective date, if other than the citive date is listed, the date must filing.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)