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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STAR

COVER LETTER .

TO: Registration of Division of	n Section Corporations		
SUBJECT:		Fashion Boutique, LLC, mited Liability Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corr	espondence concerning this n	natter to the following:	
		Regina Walker	
		Name of Person	
		Firm/Company	
1/2/17/2012/12/12	20	040 McLaren Circle	
		Address	
		simmee. FL 34744 City/State and Zip Code	
	regina E-mail address: (to be use	walker247@gmail.com d for future annual report notific	ation)
For further information	on concerning this matter, ple		,
Regina Walker	· · · · · · · · · · · · · · · · · · ·	407) 873-9735	
Na	me of Person	Area Code Daytime Te	lephone Number
Enclosed is a check f	or the following amount:		
3 \$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)
M	siling Adduses	Street/Couries Add	

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:			
Classy "G'z" Fas	hion Boutique.	LLC.	
(Must end with the words "Lin	nited Liability C	ompany, "L.L.C.,"	or "LLC.")
ARTICLE II - Address:			
The mailing address and street address of the princip	pal office of the	Limited Liability C	Company is:
Principal Office Address:	Mailing	Address;	
2040 McLaren Circle		cLaren Circle	
Kissimmee, FL 34744	<u>Kissim</u>	nee. FL 34744	
another business entity with an active Florida regist The name and the Florida street address of the regist	tered agent are:		
	Walker lame		
••			
	aren Circle		
Florida street address (P.O.	BOX NUL RCCE	ptable)	
Kissimmee	FL	34744	
City		Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby a capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ccept the appoin	tment as registered is relating to the pro my position as regis	agent and agree to act in this oper and complete performance
Legua Wa Registered Agent's S		TRED)	14 OCT -6 SECRETAR TALLAHASS
	INUED) 1 of 2		PHIZ: 2

MGR" = Manager MGR	Regina Walker 2040 McLaren Circle Kissimmee, FL 34744
MGN	2040 McLaren Circle
	1/100111111100. 1 L 04/ 44
	
Use attachment if necessary)	
VI: Other provisions, if any.	
REQUIRED SIGNATURE:	^
	3Valber-
Negina	3 Valker
Signature of a member (In accordance with section 605.02)	r or an authorized representative of a member. 03 (1) (b). Florida Statutes, the execution of this document
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Signature of a member (In accordance with section 605.02)	r or an authorized representative of a member. 03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. On submitted in a document to the Department of State provided for in s.817.155, F.S.)
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