## L14000/8323/

(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:
W4-70124

Office Use Only



000266352350

11/13/14--01011--020 \*\*155.00



DEC ( 1.20M J. BRUCE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2014

ERICA BENARROCH 2410 AVENUE B EAST UNIT BRADENTON BEACH, FL 34217

SUBJECT: SALTY & CHIC, LLC Ref. Number: W14000070124

We have received your document for SALTY & CHIC, LLC and your check totaling \$155.00. However, the enclosed document has not been filed and being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L09000075675.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 614A00024718

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJECT	: Salty & Chic Boutique, LLC Name of	; of Limited Liability Company	
The enclose	ed Articles of Organization and fee	e(s) are submitted for filing.	
Please retur	rn all correspondence concerning t	his matter to the following:	
	Erica Benarroch		
		Name of Person	
		Firm/Company	
	2410 Avenue B East Unit		
		Address	E E
	Bradenton Beach, FL 34217		
		City/State and Zip Code	
ericab	enarroch@gmail.com		
	E-mail address: (to b	e used for future annual report notification)	
For further	information concerning this matter	r, please call:	ID: 00
Erica Ben	arroch	at (239 ) 682-6635	•
	Name of Person	Area Code Daytime Telephone Nur	mber
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee Certificate of State	us Certified Copy Certificational copy is enclosed) Certificational copy is enclosed.	0 Filing Fee, cate of Status & ed Copy al copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:	
Salty & Chic Boutique, LLC	
(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2410 Avenue B East Unit Bradenton Beach, FL 34217	2410 Avenue B East Unit Bradenton Beach, FL 34217
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Erica Benarroch Name	
2410 Avenue B East Unit	
Florida street address (P.O. Box !	NOT acceptable)
Bradenton Beach	FL 34217 🔀 🔀
City	Zip S.I.A. G.
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in the er 605, F.S  ure (REQUIRED)
(CONTINUE	ED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Erica Benarroch
	2410 Avenue B East Unit
	Bradenton Beach, FL 34217
ANDO	
AMBR	Sabrina Benarroch PO Box 1099
	Marco Island, FL 34146
	marco Island, 1 g o4 140
EV: Effective date, if other than the dative date is listed, the date must be	ate of filing: _ <i>0[-0[-]5</i> (OPTIONAL) specific and cannot be more than five business days prior to or 90
(Use attachment if necessary) EV: Effective date, if other than the dative date is listed, the date must be filling.) EVI: Other provisions, if any.	ate of filing: _ <i>O[-O[- 5</i> (OPTIONAL) specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date tive date is listed, the date must be f filing.)  E VI: Other provisions, if any.	ate of filing: _0/-0/-/5 (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date tive date is listed, the date must be f filing.)	ate of filing: _0[-0]-[5
EV: Effective date, if other than the date tive date is listed, the date must be filling.) EVI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date date is listed, the date must be filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date date is listed, the date must be filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a range of a	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the date date is listed, the date must be filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a range of a	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the date date is listed, the date must be filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a range of a	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date date is listed, the date must be filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a range of a range of the section constitutes an affirmation under the section constitutes at third degree fellows.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)