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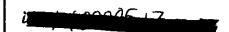
WYSON OF CORPORATIONS
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14 DEC | | PM 4: 53

SECRETARY OF STATE DIVISION OF CORPORATION

DEC 12 2014 J. HARRIS



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ma Pe+1+e / LC 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:
Jennifer K Bivona
Name of Person
Ma Petite) LC
Firm/Company
4242 NW 24th Way
Address
BOCA RUHON FL 33434
BIVOND Jennifer a) amail. (Om E-mail address: (60 be used for future addust report notification)
For further information concerning this matter, please call:
Jernifer Bi Vona at 561 212-9056 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee & Certificate of Status Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, PL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
266 i Executive Center Circle
Tallahassee, FL 32301



August 21, 2014

JENNIFER K BIVONA 4242 NW 24TH WAY BOCA RATON, FL 33434

SUBJECT: MA PETITE

Ref. Number: W14000051327

We have received your document for MA PETITE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Elliott R McCaskill Registration Specialist II

Letter Number: 814A00018038

SECRETARY OF STATE DIVISION OF CORPURATIONS

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Ma Petite, 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: Mailing Address:		
4242 NW Z9th Way BOG9 FOHO FL 33434 BUG ROLFL 33434		'
BOCA FORM FL 33434 BUCA ECHOOLFL 33434		
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 individuanther business entity with an active Florida registration.)	ial or	
The name and the Florida street address of the registered agent are:		
Jennifer K. Bivona		
4242 NW 29th Way		
Florida street address (P.O. Box NOT acceptable)		
BOCA RATON FL 33434		
Cny Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete p of my duties, and I am familiar with and accept the obligations of my position as registered agent as prov Chapter 605, F.S Registered Agent's Signature (REQUIRED)	act in the	is nce
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Page 1 of 2	DEC 11 PH 4: 5	SECRETARY OF STATE
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Title: "AMBR" = Authorized Member "MGR" = Manager.	Name and Address:	
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·		
AMBR	Melissa Yanovitch	
	1060 Brickell Ave St 3022	
AMBR	Jennifer Bivana	
	HZUZ NW ZUT VVAY	
() ice attachmant (Frioneceam)		
(Use artachment if necessary) CLE V: Effective date, if other than the date of	of filing: (OPTIONAL)	
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DIVISION OF CORPORATIONS