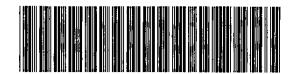
## \*15000022676

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Saskiese Ellar, Maille)
(Document Number)
(Bocament Number)
0.07.10.1
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CORRECTION TO EFFECTIVE Date
PER CONVERSATION WITH
CINDY BARTIMUS 2/5/2015
KS

Office Use Only

W15-8178



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EFFECTIVE DATE

01/13/15--01026--011 \*\*160.00

2015 JAN 13 AM 11: 53

KSALY EXAMINER FEB - 6 2015

## **COVER LETTER**

	egistration Section vision of Corporations		
SUBJECT	: Barti Boutique LLC		
SUBJECT	Name of Lin	nited Liability Company	
The enclos	ed Articles of Organization and fee(s) ar	e submitted for filing.	
Please retu	rn all correspondence concerning this ma	atter to the following:	
	Cindy Bartimus		
	•	Name of Person	
	Barti Boutique		
		Firm/Company	
	662 Petal Mist Lane		
		Address	
	Brooksville, FL 34604		
		ity/State and Zip Code	
bartib	outique@gmail.com E-mail address: (to be used	I for future annual report notifica	tion)
For further	information concerning this matter, plea	se call:	
Cindy Bar	timus at (7	727 <sub>)</sub> 992-3061	
	Name of Person		ephone Number
Enclosed is	a check for the following amount:		
□ \$125.00 Fi	ling Fee \$\square\$\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE
Barti Boutique LLC	
	ed 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:
662 Petal Mist Lane Brooksville, FL 34604	662 Petal Mist Lane Brooksville, FL 34604
(The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrate.)  The name and the Florida street address of the registers.  Cindy Bartimus	
Nan Nan	ne T
662 Petal Mist Lane	艺 一
Florida street address (P.O. B	ox NOT acceptable)
Brooksville	FL 34604
City	Zip
the place designated in this certificate, I hereby according capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the co	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this as of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S

Page 1 of 2

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	. 3
"MGR" = Manager MGRM	Cindu Badimus
INCHIN	Cindy Bartimus
	662 Petal Mist Lane
	Brooksville, FL 34604
Authorized Rep	Zaylan Bartimus
rationzed rep	Zaylon Bartimus 662 Petal Mist Lane
	Brooksville, FL 34604
	3.7
EV: Effective date, if other than the	e date of filing: 01/6/2015 (OPTIONAL)
	e date of filing: 01/6/2015 (OPTIONAL)  the specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the ctive date is listed, the date must filling.)	
EV: Effective date, if other than the extive date is listed, the date must if filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:	Lindo haitmus
EV: Effective date, if other than the ctive date is listed, the date must of filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false)	
CV: Effective date, if other than the ctive date is listed, the date must of filing.)  EVI: Other provisions, if any.  REQUIRED 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 felony as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-