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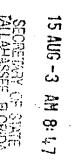
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	egistration Section vision of Corporations	
SUBJECT	Nine Resale Boutique LLC	
SUBJEC	Name of Limited Liability Company	
The enclos	ed Articles of Organization and fee(s) are submitted for filing.	
Please reti	rn all correspondence concerning this matter to the following:	
	Miranda Hartlieb	
	Name of Person	
	Nine Resale Boutique	
	Firm/Company	
	20563 Torre Del Lago Street	
	Address	
	Estero Fl 33928	
	City/State and Zip Code Mirandaharts9@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further	formation concerning this matter, please call:	
	Miranda Hartlieb 239 877-4413	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	a check for the following amount:	
\$125.00 F	ling Fee \$\ \times S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate	I)
	Mailing AddressStreet AddressNew Piling SectionNew Filing SectionDivision of CorporationsDivision of Corporations	

New Piling Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPHOVEL AND FILED

, ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	Commencia			15 AUG -3	AM 8: 4
The name of the Limited Liability	Company is:				
	Nine D	esale Boutique LLC		SECRETARY TALLAMASSES	CH SHATE
(Must end w			, "L.L.C.," or "LLC."		<u>··</u>
ARTICLE II - Address: The mailing address and street add	tress of the principal (office of the Limited	Liability Company is	:	
Principal	Office Address:		Mailing A	ddress:	
20563 Torre Del Lago	Stroet	2056	3 Torre Del Lago Str	ect	
Estero Fl 33928		Ester	ro Fl 33928		_
	Ta	mi Keen Name			
		Name			
	Florida street addres	Theresa Blvd s (P.O. Box <u>NOT</u> ac	ceptable)		
	Port Charlotte	Florida	33954		
·	City	State	Zip		
aving been named as registered ag ace designated in this certificate, I i ther agree to comply with the provi a familiar with and accept the oblig	hereby accept the app isions of all stapates re atlons of my position i	ointment as registere clating to the proper o	d agent and agree to a and complete perform a provided for in Chap	nct in this capacity ance of my duties,	<i>. 1</i>
	•	(CONTINUED)			

Page 1 of 2



ARTICLE IV- The name and address of each person a Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	SECRETARY OF TALLAHIARREE, FI
AMBR - MGR	Miranda Hartlieb 20563 Torre Del Lago	
	Estero Fl	Bucci
AMBR - MGR	Laure C. Dowhare	
AWBR - MOR	Laura G. Barham 3770 White Blvd	
	Naples Fl, 34117	
	•	
	<u> </u>	
/Lice attachment if necessary)		
(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be sp		
EV: Effective date, if other than the date	pecific and cannot be more than fi meet the applicable statutory filing	ve business days prior to or 9
EV: Effective date, if other than the date ective date is listed, the date must be spor filing.) It he date inserted in this block does not a ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the document is executed in a management of the degree of the degree of the degree of the date in the date i	meet the applicable statutory filing of State's records. The state of the statutory filing of State's records. The state of the statutory filing of State's records.	requirements, this date will not be requirements. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
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Date of this notice: 07-27-2015

Employer Identification Number: 47-4630575

Form: SS-4

Number of this notice: CP 575 G

NINE RESALE BOUTIQUE
MIRANDA L HARTLIEB SOLE MBR
20563 TORRE DEL LAGO ST
ESTERO, FL 33928

239-877-4413 (available anytine)

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4630575. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is NINE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.