

L15000200007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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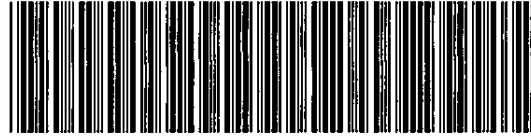
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 24 PM 3:55

APPROVED
AND
FILED

1/11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Linda's Fashions Custom Dressmaking Studio of Couture Gown Designs & Master Tailoring, LLC
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:

Andre McCook

Name of Person

Linda's Fashions Custom Dressmaking Studio of Couture Gown Designs & Master Tailoring, LLC

Firm/Company

214 NE 164th Street

Address

Miami, FL 33162

City/State and Zip Code

lindarymple@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andre McCook

786

385-3429

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$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)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

15 NOV 24 PM 3:56

ARTICLE I - Name:

The name of the Limited Liability Company is:

Linda's Fashions Custom Dressmaking Studio of Couture Gown Designs & Master Tailoring
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

214 NE 164th Street Miami, FL 33162

Mailing Address:

214 NE 164th Street Miami, FL 33162

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 individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Andre McCook

Name

214 NE 164th Street

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

33162

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Andre McCook

Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED
AND
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

15 NOV 24 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Andre McCook, AMBR

Name and Address:

214 NE 164th Street
Miami, FL
33162

Linda Darymple, MGR

214 NE 164th Street
Miami, FL
33162

Bridgette Spence, MGR

3461 NE 193rd Street
Miami Gardens, FL
33056

Leechman Smiley, MGR

1300 SW 130th Ave
Pembroke Pines, FL Apt#109
33027

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/23/2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

N/A

REQUIRED SIGNATURE:

Andre McCook

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Andre McCook

Typed or printed name of signee

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)