

L160000628027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

w/16-3042  
2/8

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN -5 AM 5:29

JAN 5 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2016

GINNY FUJINO  
512 N.E. 3RD AVE  
FT LAUDERDALE, FL 33301

SUBJECT: BLACK TIE SOUTH FLORIDA, LLC  
Ref. Number: W16000003042

We have received your document for BLACK TIE SOUTH FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 5, 2016. 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) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 516A00001054

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLACK TIE SOUTH FLORIDA, 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:

GINNY FUJINO

Name of Person

Black Tie South Florida, LLC

Firm/Company

512 NE 3rd Ave

Address

FT Lauderdale, FL 33301

City/State and Zip Code

ginny@blacktie-southflorida.com

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

For further information concerning this matter, please call:

GINNY FUJINO

954

707-2970

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLACK TIE SOUTH FLORIDA, 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:

512 NE 3rd Ave  
FT Lauderdale  
FL 33301

Mailing Address:

SAME AS PRINCIPAL  
Address

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:

GINNY FUJINO

Name

512 NE 3rd Ave

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

FT Lauderdale, FL 33301

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..

Virginia L. (Ginny) Fujino

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR MGR

**Name and Address:**

GINNY FUJINO

512 NE 3rd Ave  
FT Lauderdale, FL 33301

MGR

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 10, 2016 (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.

**REQUIRED SIGNATURE:**

*Virginia L. (Ginny) Fujino*

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.

VIRGINIA L. (GINNY) FUJINO

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)

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