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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Dc	ocument Number)	
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SLURE FARY OF STAIL: DIVISION OF CORPOBATIONS

COVER LETTER

Ì	Division of Corporations
SUBJEC	CHIC PATINA LLC
30000	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Julia Greenberg-Aguilar
	Name of Person
	MyUSAcorporation.com
	Firm/Company
	I Radisson Plaza, Suite 800
	Address
	New Rochelle, NY 10801-5769
	City/State and Zip Code
	natalie@chicpatina.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Julia Greenberg-Aguilar 877 330-2677
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
	Filing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy (additional copy is enclosed)}} \frac{\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}}{\text{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

	A LLC		
(Mus	st end with the words "Limited Li	ability Company	v, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and s	treet address of the principal offic	e of the Limited	Liability Company is:
<u>P</u> :	rincipal Office Address:		Mailing Address:
5816 Georgia	Avenue	5816	6 Georgia Avenue
West Palm Bea	ach FL 33405	Wes	st Palm Beach, FL 33405
ARTICLE III - Registere (The Limited Liability Column another business entity wi	ed Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.)	Registered Ager gistered Agent. '	
ARTICLE III - Registere (The Limited Liability Col another business entity wi	ed Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.) street address of the registered ag	Registered Ager gistered Agent. '	nt's Signature:
ARTICLE III - Registers (The Limited Liability Col another business entity wi	ed Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.) street address of the registered ag	Registered Ager gistered Agent. Y	nt's Signature:
ARTICLE III - Registers (The Limited Liability Col another business entity wi	ed Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.) street address of the registered ag Natalie Digioia	Registered Ager gistered Agent. ' ent are:	nt's Signature: You must designate an individual or
ARTICLE III - Registere (The Limited Liability Con another business entity wi	ed Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.) street address of the registered ag Natalie Digioia N 5816 Georgia Avenue	Registered Ager gistered Agent. ' ent are:	nt's Signature: You must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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SECRETARY OF STATE

	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	No. 2 Por 2 C
AMBR	Natalie Digioia
	5816 Georgia Avenue
	West Palm Beach, FL 33405
AMBR	Jeffrey Landers
	515 North Flagler Drive # P-300
	West Palm Beach, FL 33401
	W 600 7 amin Bedon, 1 2 3 3 10 1
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-	
V: Effective date, if other than the date c tive date is listed, the date must be spe filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
tive date is listed, the date must be spefiling.)	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
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V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) The date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a ment of the document is executed I am aware that any false	eet the applicable statutory filing requirements, this date will not if State's records.
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V: Effective date, if other than the date of tive date is listed, the date must be spefiling.) ne date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a ment of the document is executed I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not if State's records. Then, or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State

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