L'16000/42/09

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	·	

Office Use Only



000288303050

07/25/16--01027--007 **160.00

16 JU 25 PHI2: 28

EFFECTIVE DATE 07/22/16

x 20/02/16

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Niche Niche LLC Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Batty Jordan Name of Person
	Niche Niche LLC Firm/Company
	Firm/Company
	6825 SW 21st Court
	Address
	Davie FL 33317 City/State and Zip Code Secret Success Prism@gmail.com
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
	Name of Person at (954) 993-1124 Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$ 125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is enclo
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

• • •

ARTICLE I - Name:

The name of the Limited Liability Company is:
Miche Niche LLC (Must end with the words "Limited Liability Company, "LL.C.," or "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: Mailing Address:
6825 Sw 21 court #2 Davie, Florida 33317 Davie, Florida 33317
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:
Betty Jordan
6825 SW 21 Court #2
Florida street address (P.O. Box NOT acceptable)
Davie Florida 33317 City State Zip
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
Registered (Agen)'s Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

16 JH 25 PHI2: 28

Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:
MGR		Marc S. Segal 9330 Sw 10 Street.
AMBR		Plantation, Florida 33324 Betty S. Jordan 351 Gulfstream Road
		Dania Reach, Florida 33004
•	• •	ng: July 22, 2016. (OPTIONAL)
ective date is listed, the of filing.)	ther than the date of filidate must be specifical	ng: <u>July 22, 2016</u> . (OPTIONAL) and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not the's records.
E V: Effective date, if of cective date is listed, the of filing.) The date inserted in this ment's effective date on	ther than the date of filidate must be specifically block does not meet the the Department of State	and cannot be more than five business days prior to or 90 to applicable statutory filing requirements, this date will not
E V: Effective date, if of cective date is listed, the of filing.) The date inserted in this ment's effective date on E VI: Other provisions,	ther than the date of fills date must be specific ablock does not meet the Department of Statisfany.	and cannot be more than five business days prior to or 90 to applicable statutory filing requirements, this date will not te's records.
EV: Effective date, if of ective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions, REOUIRED SIGNAT	block does not meet the Department of Statisfany. URE: Grant Telephone Tel	and cannot be more than five business days prior to or 90 to applicable statutory filing requirements, this date will not
E V: Effective date, if of sective date is listed, the of filing.) The date inserted in this ment's effective date on E VI: Other provisions, REOUIRED SIGNAT	block does not meet the Department of Statisfany. URE: URE: ignature of secured in are that any false informates a third degree felon	and cannot be more than five business days prior to or 90 to applicable statutory filing requirements, this date will not te's records. or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State

Page 2 of 2

7 PP 2: 28