L16000170795

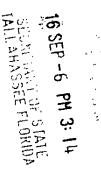
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	··-
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



000289730480

09/08/16--01042--006 **160.00



m al13/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EVERYDAY DESGNS BOUTIQUE 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:
IOLANM R. GUSEMAN Name of Person
Firm/Company
103 FOREST BREEZE AVE.
BRANDON Fl. 33511 City/State and Zip Code EVERY PAY DESCENS BOUT, QUE Q VAHOOD. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To LAWY GUSEMARI (321) 297-7474 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\frac{125.00 \text{ Filing Fee}}{\text{Certificate of Status}} \frac{155.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy (additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}{\text{Certified Copy (additional copy is enclosed)}}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART!	ICI	Æ	۲.	- N:	ame:
------	-----	---	----	------	------

The name of the Limited Liability Company is:

EVERY DAY DESIGNS BOUCQUE 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:

City

Principal Office Address:

Tribelpar Office I radi cost	
103 Forest Breeze Ave 103 Forest 1 Blancon, Fr. 33511 Brancon, F	Breeze Are
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 individuanther business entity with an active Florida registration.)	nal or
The name and the Florida street address of the registered agent are:	16 SEP -6 SECRE AR
Florida street address (P.O. Box NOT acceptable) BOAN OS OL FO. 33571	PM 3: 1

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..

State

Registered Agent's Signature (REOUIRED)

Zip

(CONTINUED)

Page 1 of 2

	uthorized Member	Name and Address:
"MGR" = Ma A M		FOLAWIA R GUSEMAN
		Brandon, Fe. 3354
<u> MG</u>	<u> </u>	JOIANNA R. GUSENAN 103 FORST BREEZE AVE Brancon GC. 3354
CLEV: Effective	ent if necessary) e date, if other than the date of isted, the date must be specif	
CLE V: Effective effective date is less to filling.) If the date inservices.	e date, if other than the date of isted, the date must be specif	fic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list
CLE V: Effective effective date is late of filing.) If the date inser- cument's effective	e date, if other than the date of isted, the date must be specified in this block does not mee we date on the Department of S	fic and cannot be more than five business days prior to or 90 days a t the applicable statutory filing requirements, this date will not be list
CLE V: Effective effective date is late of filing.) If the date inser- cument's effective	e date, if other than the date of isted, the date must be specified in this block does not mee we date on the Department of S	fic and cannot be more than five business days prior to or 90 days a t the applicable statutory filing requirements, this date will not be listed
CLE V: Effective effective date is less of filing.) If the date inser- cument's effective	e date, if other than the date of isted, the date must be specified in this block does not mee we date on the Department of S	fic and cannot be more than five business days prior to or 90 days a t the applicable statutory filing requirements, this date will not be listed
CLE V: Effective effective date is less of filing.) If the date inser- cument's effective	e date, if other than the date of listed, the date must be specified in this block does not mee we date on the Department of Strovisions, if any.	fic and cannot be more than five business days prior to or 90 days a t the applicable statutory filing requirements, this date will not be listed
CLE V: Effective effective date is a let of filing.) If the date insercument's effective CLE VI: Other processing the content of the content	e date, if other than the date of listed, the date must be specified in this block does not meet the date on the Department of Strovisions, if any. SIGNATURE: Signature of a membal This document is executed I am aware that any false in	fic and cannot be more than five business days prior to or 90 days a t the applicable statutory filing requirements, this date will not be listed
CLE V: Effective effective date is a let of filing.) If the date insercument's effective CLE VI: Other processing the content of the content	e date, if other than the date of listed, the date must be specified in this block does not meet the date on the Department of Strovisions, if any. SIGNATURE: Signature of a member This document is executed I am aware that any false in constitutes a third degree ferror in the strovisions of the second in th	the applicable statutory filing requirements, this date will not be listed State's records. Der or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
CLE V: Effective effective date is a let of filing.) If the date insercument's effective CLE VI: Other processing the content of the content	e date, if other than the date of listed, the date must be specified in this block does not meet the date on the Department of Strovisions, if any. SIGNATURE: Signature of a member This document is executed I am aware that any false in constitutes a third degree ferror in the strovisions of the second in th	the applicable statutory filing requirements, this date will not be listed State's records. State's records. Deer or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida State formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.