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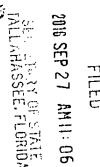
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# **COVER LETTER**

	egistration Section vision of Corporations
SUBJECT	Atelier Cordón LLC
SOBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	Raquel Cordón
	Name of Person
	Firm/Company
	9320 Gallardo Street
	Address
	Coral Gables, FL 33156
ī	City/State and Zip Code aul.calvoz@gmail.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Raul Calvoz 512 669-0739
·	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
<b>\$125.0</b> 0 Fi	ling Fee \$\int_{\text{Certificate of Status}}\frac{\$155.00 \text{ Filing Fee & Certificate of Status}}{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \frac{\$\$160.00 \text{ Filing Fee.}}{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \frac{\$\$160.00 \text{ Filing Fee.}}{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \frac{\$\$160.00 \text{ Filing Fee.}}{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \frac{\$\$160.00 \text{ Filing Fee.}}{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \frac{\$\$160.00 \text{ Filing Fee.}}{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \frac{\$\$160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{\$\$160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{\$\$160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{{\$}160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{{}160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{{}160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{{}160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{{}160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{{}160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{{}160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{{}160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{{}160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{{}160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}} \text{(additional copy is enclosed)} \frac{{}160.00 \text{ Filing Fee.}}{\$\text{Certified Copy}}} \text{(additional copy is enclosed)} \frac{{}160.00 \text{ Filing Fee.}}{\

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 FLORIDALIMITED LIABILITY COMPANY

FILED

AR'	TICL	E I	- Na	me:

The name of the Limited Liability Company is:

2016 SEP 27 AM 11: 06

Atelier Cordón LLC

FALLAHASSEE, FLORIDA

(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:

9320 Gallardo Street	9320 Gallardo Street
Coral Gables, FL 33156	Coral Gables, FL 33156

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:

Raquel Cordón		
	Name	
9320 Gallardo Stree	t	
Florida street addres	ss (P.O. Box NOT ac	cceptable)
Coral Gables	FL	33156
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 Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	JALLAHASSEE, FLO
AMBR	Raquel Cordón	42.7
	9320 Gallardo Street Coral Gables, FL 33156	
	Colai Gables, FL 33130	· · · · · · · · · · · · · · · · · · ·
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fective date is listed, the date must be speci	f filing: ific and cannot be more than five	(OPTIONAL) e business days prior to or <b>90</b> d
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