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COVER LETTER

TO:

New Filing Section

Ð	ivision of Corporations			
SUBJECT		MITED LIABIL	ITY COMPANY	
		Limited Liabili	ty Company	_
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.	
Please retu	rn all correspondence concerning this	matter to the fo	offowing:	
	RICH SIRES			
		Name of	Person	
	RICHELIEU LIMITED LIABILITY	Y COMPANY		
		Firm/Cor	mpany.	· · · · · · · · · · · · · · · · · · ·
	6900 GRAND AVE SUITE 2			
		Addre	ess	
	NORTH BERGEN, NEW JERSEY	07047		
	rich.sires@gmail.com	City/State and	1 Zip Code	
	E-mail address: (to be u	sed for future a	nnual report notification)	
For further i	nformation concerning this matter, ple	ease call;		
	RICH SIRESat	201	640-8869	
	Name of Person	Area Code	Daytime Telephone Number	_
Enclosed is	s a check for the following amount:			
\$125.00 F	iling Fee \$\frac{\text{\$130.00 Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	└─¹Certific	ed Copy Certificat il copy is enclosed) Certified	Filing Fee, e of Status & Copy 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 2664 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:	7:LEO 17 MAR 19 AM II: 08
RICHELIEU LIMITED LIABILITY COMPANY	ompany, "L.L.C.," or "L.C.") All II: 08
(Must contain the words "Limited Liability	ompany, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	
Principal Office Address:	Mailing Address:
6900 GRAND AVE SUITE 2	6900 GRAND AVE SUITE 2
NORTH BERGEN, NJ 07047	NORTH BERGEN, NJ 07047
MELISSA SIRES Name 1828 SW 11 TERRACE	
Florida street address (P.O. B	NOT acceptable)
MIAMI FI	RIDA 33135
City Sta	Zip
Having been named as registered agent and to accept service of proplet place designated in this certificate. I hereby accept the appointment further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as registed. Registered	registered agent and agree to act in this capacity. I e proper and complete performance of my duties, and I

(CONTINUED)

Title:	Name and Address:	17 MR 19 MIII
"AMBR" = Authorized Member		State of the state
"MGR" = Manager	NICH CIDEO	The factor of the second
AMBR	RICH SIRES 6900 GRAND AVE SUITE 2	
	NORTH BERGEN, NEW JERS	
	NORTH BERGEN, NEW SER.	301 07047
		-
		
	-	No. of the Control of
(Use attachment if necessary)	200	
CLE V: Effective date, if other than the date effective date is listed, the date must be speed filling.) If the date inserted in this block does not n	ecific and cannot be more than five busin neet the applicable statutory filing requirer	ess days prior to or 90 days after
(Use attachment if necessary) CLE V: Effective date, if other than the date effective date is listed, the date must be speed filing.) If the date inserted in this block does not not mean a effective date on the Department of CLE VI: Other provisions, if any.	ecific and cannot be more than five busin neet the applicable statutory filing requirer	ess days prior to or 90 days after
CLE V: Effective date, if other than the date effective date is listed, the date must be speed filling.) If the date inserted in this block does not not meant is effective date on the Department.	ecific and cannot be more than five busin neet the applicable statutory filing requirer	ess days prior to or 90 days after
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.) If the date inserted in this block does not not meaning a effective date on the Department of CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a meaning a meaning and a meaning a content is executed a meaning a	ecific and cannot be more than five busin neet the applicable statutory filing requirer	ess days prior to or 90 days after ments, this date will not be listed as Tamember.) (b). Florida Statutes.
CLE V: Effective date, if other than the date ffective date is listed, the date must be spee of filing.) If the date inserted in this block does not not meaning a effective date on the Department of CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a meaning document is executed an aware that any false.	meet the applicable statutory filing requirer of State's records. mber or an authorized representative of ted in accordance with section 605,0203 (1) information submitted in a document to the	ess days prior to or 90 days after ments, this date will not be listed as Tamember.) (b). Florida Statutes.

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)