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COVER LETTER

	Filing Section on of Corporations		
SUBJECT:	At Hauteco	UTUTE imited Liability Company	-
The enclosed A	rticles of Organization and fec(s)	are submitted for filing.	
Please return al	l correspondence concerning this r	natter to the following:	
	Totiana	Jenee Smith Name of Person	
_		Firm/Company	
<u>"L</u>	566 W Tenr	1e SSEE ST Address	
10	Scottafatti of. E-mail address: (to be use	L. 32304 City/State and Zip Code	1@gmail.com
For further infor	mation concerning this matter, plea	ase call:	
-	at (Area Code Daytime Telephone Number	-
Enclosed is a ci	heck for the following amount:		
\$125.00 Filing	Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporations	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

At Haute Couture, LLC
(Must contain 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:
1503 NW 3rd Way,	1503 NW 3rd Way
Pompano Beach, FL:	Pampano beach, FL
33060	330'60

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:

Tatiana Jenee Smith

Name

2566 W Tennessee St.

Florida street address (P.O. Box NOT acceptable)

Tallahassee Florida 32304

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)

The name and address of each person authorize	zed to manage and control the Limited Liability Company:			
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	Tottiana Jehee Smith 7546 W Tennessee St. Tallahassee JFL. 32364			
<u></u>	1.000 T T T T T T T T T T T T T T T T T T			
Die de la companya della companya della companya de la companya della companya de				
(Use attachment if necessary)				
(If an effective date is listed, the date must be specific the date of filing.)	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as tate's records.			
REQUIRED SIGNATURE:				
Tatiana	Jenue Smith			
This document is executed in I am aware that any false info	or or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.			
Tatianq	yped or printed name of signee			

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)

ARTICLE IV-