Page 1 of 2



**Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000252001 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FOWLER WHITE BURNETT P.A.

Account Number : 071250001512 Phone : (305) 789-9200 Fax Number : (786)437-4609

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_saltman@driveway.net



# FLORIDA LIMITED LIABILITY CO. HAUTE MOM LIVING LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

( )

Audit No. H17000252001 3

# ARTICLES OF ORGANIZATION

**OF** 

# HAUTE MOM LIVING LLC -

### ARTICLE I

The name of the limited liability company formed hereby is HAUTE MOM LIVING LLC (the "Limited Liability Company").

#### ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

#### ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

Principal Office 11841 SW 57 Court Coral Gables, FL 33156 Mailing Address: P.O. Box 430350 South Miami, FL 33243-0350

#### ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Melissa Applebaum-Dall'au 11841 SW 57 Court Coral Gables, Florida 33156

Audit No. H17000252001 3

09/25/2017 MON 17:12 PAX @003/004

Audit No. H17000252001 3

# ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

Melissa Applebaum-Dall'au 11841 SW 57 Court Coral Gables, FL 33156

Melissa Applebauni Dall'au,

as Authorized Representative of the Member

#### Audit No. H17000252001 3

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is HAUTE MOM LIVING LLC.
- 2. The name and address of the Registered Agent and Office is:

Melissa Applebaum-Dall'au 11841 SW 57 Court Coral Gables, Florida 33156

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, Thereby 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.

Datas

HAUTE MOM LIVING LLC

Melissa Applebaum-Dall'au,

as Authorized Representative

of the Member

Audit No. H17000252001 3

4832-2450-4654, v. 1 // 011845