11800029552

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashing China)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W17-96494

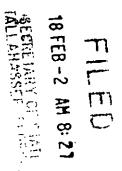
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COVER LETTER

TO: New Filing S Division of G							
SUBJECT: Dress To	Kill Boutique LLC						
SUBJECT:	(Name of Res	sulting Florida Limite	d Con	npany)			
The enclosed Business Entity" int				d fees are submitted to co ccordance with s. 605.10		ı "Oth	ier
Please return all cor	respondence concernin	g this matter to:					
Daniela Leon							
	(Contact Person)						
	(Firm/Company)						
651 E 43 ST	(Address)						
Hialeah, FL 33013	(Address)						
Dresstokillbtq@gmail.c	City, State and Zip Code) om be used for future annual re	port notifications)					
	ion concerning this ma						
Daniela Leon		_at (⁷⁸⁶)	262-7	771			
(Name of Cont	act Person)	(Area Code)	(Day	time Telephone Number)			
	for the following amount a bank located in the		ocess	sed by this office must be	payable	in US	S
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	Acc	=	
STREET ADDRES New Filing Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	New Fil Divisior P. O. Bo	ing Son of Cox 632	orporations	ECKETARY OF SE	18 FEB -2 AM 8:	FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ompany is:	
limited Liability Company, "L.L.C.," or "LLC.")	
ess of the principal office of the Limit	ed Liability Company is:
Mailing Address:	
651 E 43 st	
Hialeah, FL 33013	
Registered Office, & Registered Ages its own Registered Agent. You must designate as on.)	gent's Signature: n individual or another
ress of the registered agent are:	
Name	
ddress (P.O. Box NOT acceptable)	
FL 33013	
City Zip	
agent and to accept service of process lesignated in this certificate. I hereby a nothing the thing that the thing capacity. I further agree to complete performance of my duties, a sition as registered agent as provided. Solution as Signature (REQUIRED)	ccept the appointment as ply with the provisions of all and I am familiar with and
	Mailing Address: Mailing Address: 651 E 43 st Hialeah, FL 33013 Registered Office, & Registered Agent. You must designate at on.) ress of the registered agent are: Name Iddress (P.O. Box NOT acceptable) FL 33013 ity Zip agent and to accept service of process esignated in this certificate, I hereby an this capacity. I further agree to complete performance of my duties, a sition as registered agent as provided

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

'AMBR" = Authorized Member 'MGR" = Manager AMBR AMBR (Use attachment if necessary) LE V: Other provisions, if any.	Daniela Leon 651 E 30 ST Hialeah, FL 33013 Lizbet Boza 951 E 30 ST Hialeah, FL 33013 Jacqueline Gonzalez 6121 W 24 AVE APT 203 Hialeah, FL 33016
AMBR AMBR (Use attachment if necessary)	651 E 30 ST Hialeah, FL 33013 Lizbet Boza 951 E 30 ST Hialeah, FL 33013 Jacqueline Gonzalez 6121 W 24 AVE APT 203
AMBR AMBR (Use attachment if necessary)	651 E 30 ST Hialeah, FL 33013 Lizbet Boza 951 E 30 ST Hialeah, FL 33013 Jacqueline Gonzalez 6121 W 24 AVE APT 203
AMBR (Use attachment if necessary)	Hialeah, FL 33013 Lizbet Boza 951 E 30 ST Hialeah, FL 33013 Jacqueline Gonzalez 6121 W 24 AVE APT 203
AMBR (Use attachment if necessary)	Lizbet Boza 951 E 30 ST Hialeah, FL 33013 Jacqueline Gonzalez 6121 W 24 AVE APT 203
AMBR (Use attachment if necessary)	951 E 30 ST Hialeah, FL 33013 Jacqueline Gonzalez 6121 W 24 AVE APT 203
(Use attachment if necessary)	Hialeah, FL 33013 Jacqueline Gonzalez 6121 W 24 AVE APT 203
(Use attachment if necessary)	Jacqueline Gonzalez 6121 W 24 AVE APT 203
(Use attachment if necessary)	6121 W 24 AVE APT 203
	6121 W 24 AVE APT 203
	ALL HYSSTE
	HSSSET OF
	TT PARTY
	HYSSE CO
	S. S. F. E.
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member or an a This document is executed in accordance with	section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree for
Daniela!	or printed name of signee
1 yped	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)