L18000137879

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Da	ocument Number)	
Centified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

1: SCOTT



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05/01/18--01022--014 **130.00

2018 MAY 21 PM 12: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



RECEIVED 2018 MAY 21 AM 11: 30

TO THE PRINCIPLE OF THE PROPERTY OF THE PROPER

May 7, 2018

GEDECIA E MENGUAL 13890 NE 3RD CT #221 NORTH MIAMI, FL 33161

SUBJECT: GEDECIA'S BRIDAL COUTURE

Ref. Number: W18000042175

We have received your document for GEDECIA'S BRIDAL COUTURE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 218A00009340

www.sunbiz.org

· DO DOV (1) OF H 11 1 DO 1

COVER LETTER

TO: New Filing Section Division of Corporations	
GEDECIA'S BRIDAL COUTURE LLC	
SUBJECT: Name of Limited Liability C	Company
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:
GEDECIA E MENGUAL	
Name of Per	rson
Firm/Comp	pany
13890 NE 3RD CT # 221	
Address	
NORTH MIAMI FL 33161	
City/State and 2	Zip Code
gedeciaedouard@yahoo.fr	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter, please call:	
GEDECIA MENGUAL 786	925-6176
Name of Person Area Code	Daytime Telephone Number
	Filing Fee & \$160.00 Filing Fee, Certificate of Status &
Certificate of Status — Certified	d Copy Certificate of Status & I copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street Address

Mailing Address

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

RTICLE I - Name: he name of the Limited Liabil	ity Company is:		
GEDECIA'S BRID (Must co	AL COUTURE LL.C.	ability Company, "	L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street	address of the principal offi	ce of the Limited I	Liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
13890 NE 3RD CT NORTH MIAMI ARTICLE III - Registered /	F1, 33161	Registered Agen	nt's Signature: You must designate an individual or
NORTH MIAMI ARTICLE III - Registered / The Limited Liability Compa	Agent, Registered Office, & any cannot serve as its own F an active Florida registration	.)	nt's Signature: You must designate an individual or
NORTH MIAMI ARTICLE III - Registered / The Limited Liability Compa	Agent, Registered Office, & any cannot serve as its own F an active Florida registration	agent arc:	nt's Signature: You must designate an individual or
NORTH MIAMI ARTICLE III - Registered / The Limited Liability Compa	Agent, Registered Office, & any cannot serve as its own Fin active Florida registration set address of the registered a	.) agent are:	nt's Signature: You must designate an individual or
NORTH MIAMI ARTICLE III - Registered / The Limited Liability Compa	FL 33161 Agent, Registered Office, & any cannot serve as its own Fan active Florida registration set address of the registered at GEDECIA E MENGL	agent are: JAL Name	nt's Signature: You must designate an individual or
NORTH MIAMI ARTICLE III - Registered / The Limited Liability Compa	Agent, Registered Office, & any cannot serve as its own Fin active Florida registration set address of the registered a	agent are: JAL Name	
NORTH MIAMI	Agent, Registered Office, & any cannot serve as its own Fan active Florida registration set address of the registered of GEDECIA E MENGL	agent are: JAL Name	

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2018 MAY 21 PM 12: 37
SECRETARY OF STATE

Title:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	CORPOLA E MENCUAL
MGR	GEDECIA E MENGUAL 13890 NE 3RD CT # 221
	NORTH MIAMI FL 33161
	NORTH MIAMITE 33101
EV: Effective date, if other than the da ective date is listed, the date must be s	te of filing: 04/26/2018 (OPTIONAL) specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not
fective date is listed, the date must be s of filing.) f the date inserted in this block does not ament's effective date on the Department.	specific and cannot be more than live business days prior to will be traced the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any. THE PURPOSE TO DO ANY LAWFU REOUIRED SIGNATURE: Signature of a This document is exe	t meet the applicable statutory filing requirements, this date will not not of State's records. L BUSINESS IN FLORIDA
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any. THE PURPOSE TO DO ANY LAWFU REOUIRED SIGNATURE: Signature of a This document is exe	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155. F.S.
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