L19000050106

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



02/21/19--01026--028 **155.00



Office Use Only

N CULLIGAN FEB 2 7 2019

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: ROYAL BRIDAL EACESSORIES Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nover Frence Name of Person
Caya Bridal & Accessories Firm/Company
1913 N. Hewervill res Apt 7 Address
City/State and Zip Code Nade Green Change 96 @ Gange Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations 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

ARTICLE I - Name: The name of the Limited Liability	Company is:			
(Must conta	in the words "Limited Liability	Company, "L.L.C.," or "LI	LC.")	
ARTICLE II - Address: The mailing address and street ad-	dress of the principal office of	the Limited Liability Compa	any is:	
. <u>Principa</u>	l Office Address:	<u>Mail</u>	ing Address:	
(west Palm	Beach FL	FII3 Hover	Beach FL Beach FL	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	cannot serve as its own Registe	stered Agent's Signature: red Agent. You must design	ate an individual of C.	19 FEB
The name and the Florida street a	ddress of the registered agent a	ле:	HAS	82
	NATHA N	PRESENDING		
	Name		- 17 of	A !!
	609 N DU	ce Huy	S. S	9: 25
	Florida street address (P.O. I	Box NOT acceptable)		. 'ú
	JAKE Worth	FL 33460) _	
	City S	tate 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)

Title: "AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Madege Effenne 1913 No Haver Hill Rd AD+ 7 West Palm bch FL 33417
	19 FEB
	21 A 9. 2
(Use attachment if necessary)	TO SECOND
(If an effective date is listed, the date must be the date of filing.)	ate of filing: specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	a Stema
Signature of a This document is exe I am aware that any fi	member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
NADEC	Typed or printed name of signee

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

Filing Fees:

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)