

L19000087606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

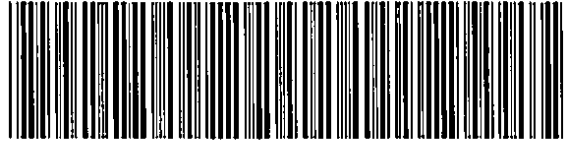
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100327335361

FILED  
19 APR -2 AM 2:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
19 APR -2 AM 10:35  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 04-02-19**

**NAME: PARIS K. FASHION LLC**

**TYPE OF FILING: ARTICLES OF ORGANIZATION**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

---

# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I      NAME**

The name of the Limited Liability Company is:

PARIS K. FASHION LLC

## **ARTICLE II      ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

1880 NW 20TH STREET

MIAMI, FLORIDA 33142

## **ARTICLE III      REGISTERED AGENT**

The name and the Florida street address of the registered agent are:

JASON ST-FLEUR & ASSOCIATES, P.A.

152 NE 167TH STREET

MIAMI, FLORIDA 33162

*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.*

X

JASON ST-FLEUR & ASSOCIATES, P.A. / Registered Agent's signature

FILED  
APR - 2 AM 2:47  
JASON ST-FLEUR & ASSOCIATES, P.A.  
MIAMI, FLORIDA

**ARTICLE IV      AUTHORIZED PERSON(S)**

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


AUTHORIZED MEMBER

RALPH PLAISIMOND

1880 NW 20TH STREET

MIAMI, FLORIDA 33142

-----

X  \_\_\_\_\_  
RALPH PLAISIMOND / Authorized Representative's signature

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)*

FILED  
APR - 2 AM 2:48  
DEPT OF STATE  
TALLAHASSEE, FLORIDA