# 1900034515

(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:
1 10-71005

Office Use Only

K. PAGE SEP 2 6 2019



300333353213

06.130/19 -- 01001 -- 0.25 \*\*130.00





# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2019

MELISSA DIANA BUCKWATER 6721 DAVIS RD PANAMA CITY, FL 32404

SUBJECT: LASH AND DASH BOUTIQUE, LLC

Ref. Number: W19000081995

We have received your document for LASH AND DASH BOUTIQUE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return 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.

Keyna E Page Regulatory Specialist II

(1) (1) (1) (1) (1) (1) (1) (1) (1)

Letter Number: 219A00018567

# COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: LASA ATTO ASI IN SUBJECT: Name of Limited Liability Company
, talk of dames salaring samples
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mélisser Mana Buchelle
Name of Person
Firm/Company
6721 Davisid
Panama City Fl. 3640
City/Stylte and Zip Code  Since me USSG 3196 MANGING
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Milisson D. Buding HS 89, 590 4986
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Street Address  New Filing Section

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

The name of the I		ty Company is:			
)	_asin	und	Dash	Boutieur	41
<del></del> -	(Must cont	ain the words "	Limited Liability Comp	pany, "L.L.C.," or (LLC.")	

## ARTICLE II - Address:

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

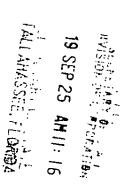
Principal Office Address:	Mailing Address:
	12. 2
10121 1-AVISVA	ital taus la
Danama City +1. 32464	10464 CY 12 32464
ARTICLE III - Registered Agent, Registered Office, & Registered	Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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" = A	thorized Member	Name and Address:
"MR"CZZ	ager >	NORMEISCA TO Buckwater
7-1-10	<del>(</del>	107:21 Del. 3 1 d
AMBR		admin 11/ Knowers
· <u>17 ] / ·</u>		5306 Wood Aured Dr.
MGRA	<u>,                                    </u>	Melin Data Cliffy
	<del></del>	6721 DA US 10
		Janama et 7 17. 52909
	<del>-</del>	
LEV: Effective ffective date is I e of filing.) If the date insert		ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be I
CLE V: Effective factories of filing.) If the date insert	date, if other than the date of sted, the date must be specied in this block does not me a date on the Department of	ific and cannot be more than five business days prior to or 90 day, et the applicable statutory filing requirements, this date will not be I
CLE V: Effective fifective date is I e of filing.) If the date insert cument's effective	date, if other than the date of sted, the date must be specied in this block does not me a date on the Department of	ific and cannot be more than five business days prior to or 90 day, et the applicable statutory filing requirements, this date will not be I
TLE V: Effective  ffective date is I e of filing.)  If the date insert cument's effective  CLE VI: Other pr	date, if other than the date of sted, the date must be specied in this block does not me date on the Department of ovisions, if any,	ific and cannot be more than five business days prior to or 90 day, et the applicable statutory filing requirements, this date will not be I
CLE V: Effective fifective date is I e of filing.) If the date insert cument's effective	date, if other than the date of sted, the date must be specied in this block does not me date on the Department of ovisions, if any,	ific and cannot be more than five business days prior to or 90 day, et the applicable statutory filing requirements, this date will not be I
CLE V: Effective date is I e of filing.) If the date insert cument's effective CLE VI: Other pr	date, if other than the date of sted, the date must be specied in this block does not me e date on the Department of ovisions, if any.  GIGNATURE:  Signature of a mem	et the applicable statutory filing requirements, this date will not be I State's records.  Light for an authorized representative of a member.
CLE V: Effective date is I e of filing.) If the date insert cument's effective CLE VI: Other pr	date, if other than the date of sted, the date must be specied in this block does not me e date on the Department of ovisions, if any.  Signature of a mem This document is executed I am aware that any false in	et the applicable statutory filing requirements, this date will not be l'State's records.  State's records.  State of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State
CLE V: Effective date is I e of filing.) If the date insert cument's effective CLE VI: Other pr	date, if other than the date of sted, the date must be specied in this block does not me e date on the Department of ovisions, if any.  Signature of a mem This document is executed I am aware that any false in	et the applicable statutory filing requirements, this date will not be lead to be stated as records.  State's records.  There or an authorized representative of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State belony as provided for in s.817.155, F.S.
CLE V: Effective date is I e of filing.) If the date insert cument's effective CLE VI: Other pr	date, if other than the date of sted, the date must be specied in this block does not me e date on the Department of ovisions, if any.  Signature of a mem This document is executed I am aware that any false in	et the applicable statutory filing requirements, this date will not be l'State's records.  State's records.  State of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State
CLE V: Effective date is I e of filing.) If the date insert cument's effective CLE VI: Other present the REOUIRED	date, if other than the date of sted, the date must be specied in this block does not me e date on the Department of ovisions, if any.  Signature of a mem This document is executed I am aware that any false it constitutes a third degree for the steel of the steel o	et the applicable statutory filing requirements, this date will not be I State's records.  State's records.  State of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.  Typed or printed name of signee
CLE V: Effective date is I e of filing.) If the date insert cument's effective CLE VI: Other present the REOUIRED is \$125.00 Filing.	date, if other than the date of sted, the date must be specied in this block does not me e date on the Department of ovisions, if any.  Signature of a mem This document is executed I am aware that any false it constitutes a third degree for the steel of the steel o	et the applicable statutory filing requirements, this date will not be I State's records.  State's records.  Typed or printed name of signee

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

ARTICLE IV-