

L21000531716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

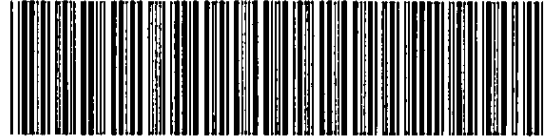
(Business Entity Name)

(Document Number)

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

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Office Use Only



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11/16/21--01011--010 \*\*155.00

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2021 DEC 22 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W21-  
151278

T. BURCH  
DEC 22 2021

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** EN-V My Fashion  
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:

Rodeline Ramirez

Name of Person

Firm/Company

Address

Apt 414

1941 NW 136th Ave Sunrise, FL 33323

City/State and Zip Code

envmyfashion@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodeline Ramirez

954

505-0415

at ( )

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

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

October 29, 2021

To Whom It May Concern,

I, Roodeline Ramirez, the President of EN-V My Fashion, # P20000010369, following the requirement of the Corporation Laws of the State of Florida and to obtain the dissolution of EN-V My Fashion Corporation, as provided by Florida law, do hereby release to the public and will not reinstate EN-V My Fashion Corporation.

Please let me know if you have any questions or need anything else.

Phone: (954)505-0415

Kind regards,

Roodeline Ramirez



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2021

ROODELINE RAMIREZ  
1941 NW 136TH AVE  
SUNRISE, FL 33323

SUBJECT: EN-V MY FASHION LIMITED LIABILITY COMPANY  
Ref. Number: W21000151278

We have received your document for EN-V MY FASHION LIMITED LIABILITY COMPANY and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Tim Burch  
Senior Section Administrator

Letter Number: 421A00028424

RECEIVED  
2021 DEC -6



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 6, 2021

ROODELINE RAMIREZ (2nd ml)  
1941 NW 136TH AVE  
SUNRISE, FL 33323

SUBJECT: EN-V MY FASHION LIMITED LIABILITY COMPANY  
Ref. Number: W21000151278

2021 DEC 20 PM 3:19

1000000000

We have received your document for EN-V MY FASHION LIMITED LIABILITY COMPANY and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Tim Burch  
Senior Section Administrator

Letter Number: 421A00028424

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EN-V Mv Fashion LLC

(Must contain the words "Limited Liability Company," "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:

1941 NW 136 Ave, Apt 414, Sunrise, FL 33323

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.)

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

Roodeline Ramirez

Name

1941 NW 136 Ave Apt 414

Florida street address (P.O. Box **NOT** acceptable)

Sunrise

FL

33323

City

State

Zip

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TALLAHASSEE, FLORIDA

*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.*

Roodeline Ramirez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Roodeline Ramirez  
1941 NW 136th Ave. Sunrise, FL 33323

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Roodeline Ramirez

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Roodeline Ramirez

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)