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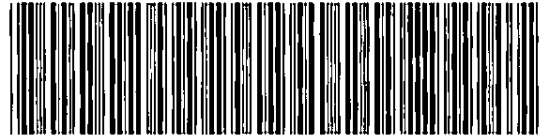
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DATE: 02/15/22

NAME: FLEUR DE AMOUR, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

A Hodge

COVER LETTER

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

SUBJECT: Fleur De Amour, LLC
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:

Dennis J. Hawk
Name of Person
Business Law Group
Firm/Company
3100 Donald Douglas Loop N., Suite 205
Address
Santa Monica, CA 90405
City/State and Zip Code
dennis@dhwk.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis J. Hawk 310 664-8000
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 FEB 15 PM 3:00

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fleur De Amour, 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:

263 Winding Hollow Blvd., Suite 1001

Winter Springs, FL 32708

Mailing Address:

263 Winding Hollow Blvd, Suite 1001

Winter Springs, Florida 32708

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:

Sandeep Mathow

Name

263 Winding Hollow Blvd, Suite 1001

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

Winter Springs

FL

32708

City

State

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..

Sandeep Mathow

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

Name and Address:

MGR

Sandeep Mathow

263 Winding Hollow Blvd, Suite 1001

Winter Springs, FL 32708

MGR

Dennis J. Hawk

3100 Donald Douglas Loop N., Suite 205

Santa Monica, CA 90405

(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:

Sandeep Mathow

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.

Sandeep Mathow

Typed or printed name of signer

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 FEB 15 PM 3:00