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Office Use Only

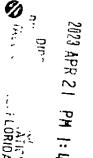


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COVER LETTER

TO: New Filing Section Division of Corporations	Events
SUBJECT: Mimi's Luxury Design Name of Limited Liability Company	154,LLC
The enclosed Articles of Organization and fce(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tamisha Mordica	
Name of Person	
Firm/Company	
4264 Saplin Ct. Address	·
Tallahassee, FL 32305 City/State and Zip Code mimisluxurydesianslic. @ ai	nail. com
E-mail address: (to be used for future annual report nouti	
For further information concerning this matter, please call:	
Tamisha Mordica (850) 320.	5825
Name of Person Area Code Daytime Telep	hone Number
Enclosed is a check for the following amount:	
S125.00 Filing Fee Certificate of Status S155.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE I - Name: The name of the Limited Liability Company is:	Events
Mimi's Luxury D (Must contain the words "Limited Liability)	y Complety, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4264 Saplin Ct Tailanassee, Ft 32305	4264 Saplin Ct Tailahassee, FL 32805
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
<u>Tamisha</u> Name	
4264 Sapl Florida street address (P.O.	Box NOT acceptable)
Tallahassee	,FL 32305
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.,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

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.

TAMISMA MIRITE A
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)