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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

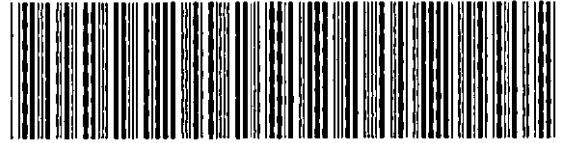
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FL

L



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2024

IRMA BEAUBRUN

100 NE 193RD ST
MIAMI, FL 33179 US

SUBJECT: DIVINE LOVELY STORE, LLC
Ref. Number: W24000121901

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6052.

Frantz Clerjuste
Regulatory Specialist II
New Filings Section

Letter Number: 424A00019246

TRANSMITTAL LETTER

PLEASE RETURN
THIS COPY

TO: Registration Section
Division of Corporations

SUBJECT: DIVINE LOVELY STORE, 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:

IRMA BEAUBRUN

(Name of Person)

(Firm/Company)

100 NE 193rd St

(Address)

MIAMI, FL 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

IRMA BEAUBRUN

(Name of Person)

at (305) 300-9486

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIVINE LOVELY STORE, LLC

ARTICLE II - Address:

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

Principal Office Address:

100 NE 193rd St

MIAMI, FL 33179

Mailing Address:

100 NE 193rd St

MIAMI, FL 33179

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

IRMA BEAUBRUN

Name

100 NE 193rd St

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

MIAMI

FLORIDA 33179

City, State, and 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 608, Florida Statutes..



Registered Agent's Signature

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STATE OF FLORIDA
TALLAHASSEE, FL

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

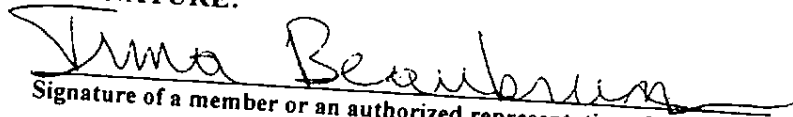
IRMA BEAUBRUN CEO/Prsident, BM
100 NE 193rd St
MIAMI, FL 33179

(Use attachment if necessary)

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STATE OF FLORIDA
TALLAHASSEE, FL

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

IRMA BEAUBRUN , CEO/PRESIDENT, BM
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)