

L24000466001

11.5.24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

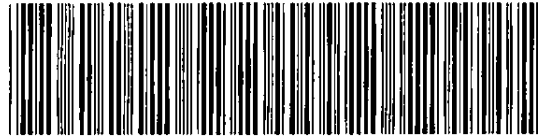
(Document Number)

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

Special Instructions to Filing Officer:

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REGISTRATION

MS

**COVER LETTER**

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

**SUBJECT:** Belle Dame Boutique 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:

Jamie Morales  
Name of Person

Belle Dame Boutique LLC  
Firm/Company

13182 sw 233 st  
Address

Homestead, FL 33032  
City/State and Zip Code

Belle.dame.usa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Morales at ( 305 ) 338-1977  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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**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:**

Jamie Morales

13182 sw 233 st

Homestead, FL 33032

(Use attachment if necessary)

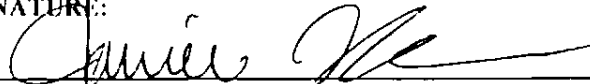
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**



Signature of a member of 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.

Jamie Morales

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)

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CORPORATE OPERATIONS

Florida Division of Corporations

To whom it may concern:

I, Jamie Morales, owner of Belle Dame Boutique LLC,  
Document Number: L15000071818, solemnly swear I will  
not be reactivating this LLC Corporation, and I release my  
business name, Belle Dame Boutique LLC, to be used for  
my new corporation filing.

Sincerely,


  
Jamie Morales CEO

FLORIDA NOTARY ACKNOWLEDGMENT  
State of Florida  
County of Miami-Dade

9/24/24

The foregoing instrument was acknowledged before me by means of physical presence, this 9/24/24  
Jamie Morales, Who is personally known to me or who has produced drivers license as identification.

(Seal)

  
Lizbeth Heno 9/24/24



Signature of Person Taking Acknowledgment  
Name Typed/Printed/Stamped  
Title or Rank  
Serial Number (if any)

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