E90000016M

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

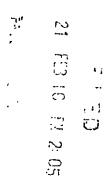
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	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: MC/CO	Se Bootique LL (Name of Limited Liability Company
The enclosed "Application by Foreign Existence, and check are submitted to	Limited Liability Company for Authorization to Transact Business in Florida." Certificate of register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence conce	erning this matter to the following:
R	Name of Person
Me	Firm/Company
8400 F	Vatlands Ave Suitery Address
Broods	City/State and Zip Code
Melrose	nail address: To be used for future annual report notification)
For further information concerning this	s matter, please call:
Rose Mel	at (917) 652-9870 Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	llowing amount: o: FLORIDA DEPARTMENT OF STATE \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy



November 13, 2020

ROSLYS METAYER 8400 FLATLANDS AVE STE 4 BROOKLYN, NY 11236

SUBJECT: MELROSE BOUTIQUE LLC

Ref. Number: W20000130209

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Letter Number: 620A00022752

Tracy L Lemieux Regulatory Specialist II

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

. .

	TION (05.002, FLORIDA STATUTES, THE FO XXNESS IN THE STATE OF ELORIDA	ILOWING IS SUBMITTED TO) REGISTER A FOREIGN LIMITED LIABIL
. Nam	Delrose Boytic	July Company, ""L.L.C.," o	r "LICT")
		•	
If name unavailable, enter alternate a	name adopted for the purpose	cua i ne atternate name must include	"Limited Liability Company," "L L.C," or "ELC")
(Jurisdiction under the law of a	nich toreign limited liability company is of gamzed)	3. <u> </u>	(Hil number, if applicable)
J	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration,)	
dur.		6. (1)	1 Alcan Ave
Street Address of Principal Office)	,	(Matting Address)	
Bianya	My 11236	MACMI	1
		<u> </u>	
. Name and street address	is of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Rosly Metage		: 5
Office Address:	27-414 Alcan	AVE	三 · · · · · · · · · · · · · · · · · · ·
	JEST + CONTICHE	, Florida	3:4952 - 8 Vip codes
lesignated in this applica o comply with the provisi		rocess for the above stated registered agent and agre	ve to act in this capacity. I further agr
,			***
	(Registered agent's s	ghatue)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Fitle or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: KUSINS MELONI	□Manager	Name:	
<u>.f</u> Member	Address: FAIN ANGOFIE	□Member	Address:	
□Authorized	PURCOCKETE, FIL	□Authorized	_ -	
Person	33452	Person		<u> </u>
ZOther <u>Caine</u>	Other	□Other		□Other
⊒Manager	Name:	∐Manager	Name:	
⊒Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
∃Manager	Name:	□Manager	Name:	
⊒Member	Address:	□Member	Address:	
☐Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other

- of the translator must be submitted)
- 10. 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.

State of New York Department of State } ss:

I hereby certify, that MELROSE BOUTIQUE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/09/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of February two thousand and twenty-one.

Braden C Hydra

Brendan C Hughes Executive Deputy Secretary of State