L03000037944

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
. (Bus	iness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
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WO3-2667U

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT:Elegant Home Furnishings, LL	.c
(Name of Limited	Liability Company)
The enclosed Articles of Organization and fee(s) Please return all correspondence concerning this	•
riease return an correspondence concerning this	matter to the following.
Thomas S. Tilaro	
(Name of Person)	
Elegant Home Furnishings, LLC	2003 OCT -3 AM IV.
(Firm/Company)	
1883 Lake Hill Circle	
(Address)	
Orlando, Florida 32818	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, p	lease call:
Thomas S. Tilaro	(321) 229-2432
(Name of Person)	(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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 18, 2003

THOMAS S. TILARO ELEGANT HOME FURNISHINGS, LLC 1883 LAKE HILL CIRCLE ORLANDO, FL 32818

SUBJECT: ELEGANT HOME FURNISHINGS, LLC

Ref. Number: W03000026670



We have received your document for ELEGANT HOME FURNISHINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 103A00051695

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Elegant Home Furnishings, LLC

ARTICLE II - Address:

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

Principal Office Address	<u>s:</u>	Mailing Address:
1883 Lake Hill Circle		1883 Lake Hill Circle
Orlando, Florida 32818	-	Orlando, Florida 32818
The name and the Florida	red Agent, Registered Office street address of the register mas S. Tilaro, President	red agent are:
	Name	The Contract of the Contract o
1883	3 Lake Hill Circle	7 ()
	Florida street address (P.O. Box 1	NOT acceptable)
Orta	ndo _{FL}	32818
	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, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM MGRM	Thomas S. Tilaro	
,	Thomas S. Tilaro	Mach Strain
ATT STATE OF		
(Use attachment if necessary)		
NOTE: An additional article	must be added if an effective date is requested.	
REQUIRED SIGNATURE:	ufiland	
Signature of s	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.)

Thomas S. Tilaro

Typed or printed name of signee

Flling Fees:

\$100.00 Filing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)