

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383-

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247

Phone : (877) 527-3463
Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

WEST SHORE DECOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Public Access Help

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME
The name of the Limited Liability Company is:
WEST SHORE DECOR LLC

ARTICLE II ADDRESS
The mailing address and street address of the principal office of the Limited Liability
Company is:
3728 PHILLIPS HIGHWAY SUITE 38
LACKSONVILLE, FLORIDA 32207

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

1277 RENSSELAER AVE

1ACKSONVILLE, FLORIDA 32205

Having been named as registered agent 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.

KRISTOPMER PHILIP SMITH / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Manager Managed Company.

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PAGE 2 WEST SHORE DECOR LLC

ARTICLE V MEMBERS (optional)

Managing Member: KRISTOPHER PHILIP SMITH 1277 RENSSELAER AVE JACKSONVILLE, FLORIDA 32205

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.

KRISTOPHER PHILIP SMITH Typed or printed name of signee

OH SEP-9 AM 9: 30
TALLAHASSEE, FLORIDA

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