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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LUXURY N STYLES 4 LESS,	LLC	
(Name of	Limited Liability Company)	
The enclosed Articles of Organization and fee	(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
CECILIA RUSNAK		
	(Name of Person)	
LUXURY N STYLES 4 LESS, LLC		
10/01/11/12/01/12/01/12/01	(Firm/Company)	
3723 SPEAR POINT DR	(Address)	
ORLANDO, FL 32837		
	(City/State and Zip Code)	
For further information concerning this matter	•	7 (1) 1000 DEC 2 NLL NEWS
CECILIA RUSNAK (Name of Person)	at (407) 816-4733 (Area Code & Daytime Tele	
(4.11.11)	, , ,	
Enclosed is a check for the following amo	unt:	는 보고
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certificate of State		☐ \$160.00 Filing Pèe, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
LUXURY N STYLES 4 LESS, LLC				
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3723 SPEAR POINT DR	3723 SPEAR POINT DR			
ORLANDO, FL 32837	ORLANDO, FL 32837			
The name and the Florida street address of CECILIA RUSNAK				
	Name			
3723 SPEAR POINT DE				
ORLANDO, FL 32837	reet address (P.O. Box NOT acceptable)			
City, State, and Zip				

(CONTINUED)

Page 1 of 2

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	CECILIA RUSNAK
	3723 SPEAR POINT DR
	ORLANDO, FL 32837
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	-
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	٨
(' 1) ·	The state of the s
Clase	reaction
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 constitute that the facts stated herei	s an arrithmention under the penalties of perjury
CECILIA RUSNAK	20 J
	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)