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Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

STREET ADDRESS: MAILING ADDRESS:		
\$\\$\\$125.00\ \text{Filing Fee} \text{\$\sigma}\\$\\$130.00\ \text{Filing Fee} & \text{\$\sigma}\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$		
Enclosed is a check for the following amount:		
Maria Arisso at 239 786 351 5806 (Name of Person) (Area Code & Daytime Telephone Number)		
Maria Arissa 239, 781, 351, 5806		
For further information concerning this matter, please call:		
Maples, F1, 34102 (City/State and Zip Code)		
501 Goodlette Rd No #DIO		
(Firm/Company)		
Accord (Firm/Company)		
(Name of Person)		
Please return all correspondence concerning this matter to the following: Elizabeth Harrison (Name of Person) Accord (Firm/Company)		
Please return all correspondence concerning this matter to the following:		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
SUBJECT: The Present LLC Glame of Limited Liability Company)		
TO: Registration Section Division of Corporations		

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLE I - Name:	3/3
The name of the Limited Liability Company is:	SEL SEL
The Present,	LhC SE
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Elizabeth Harrison 501 Goodlette Rd No#DIOO Naples, Fl 34102	59me
ARTICLE III - Registered Agent, Registered	
The name and the Florida street address of the re	egistered agent are:
_ Elizabeth	Harrison
Name	
501 Good lette	Kd No#DIOO
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
/\ap/es City, State, a	Rd No #D100 ress (P.O. Box NOT acceptable) FL 3 4102 nd Zip
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

ine name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Elizabeth Harrison 501 Good lette Rd No, #100 Noples, Fl 34102
MGRM	Maria Arisso 650 NE 52nd Terrace Miami, Fl 33137
	PINS JUN 13 PM
(Use attachment if necessary)	BELL FLORING
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Elizal 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

viabe th Hans 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)

that the facts stated herein are true.)

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 5.00 Certificate of Status (Optional)