(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	. 40
(Cit	y/Sate/Zip/Pitorie	; #;
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
(50	ourners statistics;	
0.15.10		4.50
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•	Ū	
		ŀ

Office Use Only



000064634420

01/30/06--01037--009 **125.00



COVER LETTER

TO:

Registration Section

Division of Cor	porations				
SUBJECT: STYLE	ES FOR LIVING, L	LC			
		d Liability Company)		•	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.			
Please return all correspondent	ondence concerning this matte	er to the following:			
MARILYN	I S MOFFITT				
	·	Name of Person)	•		
		<u></u>	<u> </u>		-
	(Firm/Company)			
350 WIL	MA CIRCLE		-		_
(Address)			006 JAN 30 PK	ZISIS	
RIVIERA BEACH, FL 33404			<u> </u>):: 	
	(City	/State and Zip Code)		80	500
For further information of	concerning this matter, please	call:		PK -	DIVISION OF CORPOLATION
MARILYN S M	OFFITT	at (561) 842	2-0302	4: 31	104
	of Person)	(Area Code & Day	time Telephone Number)		
Enclosed is a check fo	r the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe Certified Copy (additional copy is enclose	Certificate of Sta	tus &	
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Section Division of Corp Clifton Building 2661 Executive of Tallahassee, FI	ion orations Center Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STYLES FOR LIVING, LLC (Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")	• =
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
350 WILMA CIRCLE RIVIERA BEACH, FL 33404	SAME	''}'
	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another.	3E)
The name and the Florida street address of the	he registered agent are:	2H 2H-
MARILYN S MOFFIT		ĬĘ.
Na	ame S	무무는
350 WILMA CIRCLE Florida stree	t address (P.O. Box NOT acceptable)	MAIL
RIVIERA BEACH City, Sta	FL 33404	

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..

(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 MGRM MARILYN S MOFFITT 350 WILMA CIRCLE RIVIERA BEACH, FL 33404 MGR BAYARD L MOFFITT 350 WILMA CIRCLE RIVIERA BEACH, FL 33404

ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

(Use attachment if necessary)

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.)

MARILYN S MOFFITT

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)

\$ 5.00 Certificate of Status (Optional)