

LD6000110501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

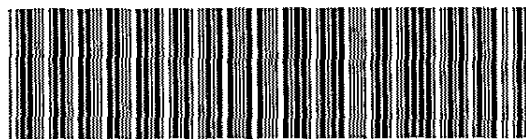
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/14/06--01030--024 \*\*160.00

06 NOV 14 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*Handwritten signature/initials*



November 9, 2006

Registration Division  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**Re: Elegant Freestyle ReDecorators LLC**

Dear Sir or Madam:

Enclosed please find the Articles of Organization for the above named entity. I am also requesting a certified copy and a Certificate of Status. Mailing materials have been included. I understand that the fees to file the above entity will be \$160.00 therefore; enclosed in this package you will find a check to cover all costs. I have also included a duplicate set to be mailed as instructed below.

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TALLAHASSEE, FLORIDA

Once filed and certified please return final evidence to me at the below address via US Mail:

SABC  
C/O RYANNE SHERMAN  
101 Main Street, Suite One  
Tappan, NY 10983

If you should have any questions, or if I can assist in any way, please do not hesitate to call me at 1.888.664.6263 or 845.398.0900.

Thank you,

  
RYANNE SHERMAN  
Client Services

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elegant Freestyle ReDecorators LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryanne Sherman  
(Name of Person)

Start-a-Business.com  
(Firm/Company)

101 Main Street, Suite One  
(Address)

Tappan, NY 10983  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ryanne Sherman at ( 845 ) 398-0900  
(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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Elegant Freestyle ReDecorators LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1113 Parkside Drive

Ormond Beach, FL 32174

**Mailing Address:**

1113 Parkside Drive

Ormond Beach, FL 32174

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FLORIDA

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Shonda Stebleton

Name

1113 Parkside Drive

Florida street address (P.O. Box NOT acceptable)

Ormond Beach

FLORIDA 32714

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, Florida Statutes..*

By: Shonda Stebleton

Registered Agent's Signature

Shonda Stebleton

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGMR

Shonda Stebleton

1113 Parkside Drive

Ormond Beach, FL 32174

MGMR

Rhonda Lehen

738 N Ridgewood Ave

Ormond Beach, FL 32174

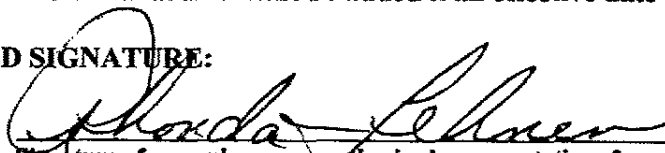
 

(Use attachment if necessary)

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SECRETARY OF STATE

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

Shonda Stebleton, managing member  
Typed or printed name of signee

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**