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SECRETARY OF STATE.
TALLAHASSEE FIREMAN

COVER LETTER .

Registration Section
Division of Corporations

TO:

SUBJECT: Affordable Window Treatments By Phyllis (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:
Phyllis Gilbert (Name of Person)
Affordable Window Treatments By Phyllis
1410 Wild Harbor Lane # 204 En &
Leesburg Florida 34748 (City/State and Zip Code)
For further information concerning this matter, please call:
Phyllis Gilbert at (352) 702-2003 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.,

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Phyllis Gilbert 1410 Wild Harbor LN, #204	SAME
Leesburg, F1 34748	7AL 07
business entity with an active Florida registration.)	istered Agent. You must designate an individual or another 5
The name and the Florida street address of the Phyllis Cilk	
1910 Wild Florida street a	HArbor LN. # 204 ddress (P.O. Box NOT acceptable)
Leesburg,	FL 34748

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..

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Phyllis Gilbert 1410 Wild Harbor LN. H204 Leesburg, Fl 34748	
MGRM	Alaina Walker 28229 CR 33 # 124 W Leesburg, Fl. 34748	
MGRM	Fred Briner	
	Fruitland Park, Fl	
MGRM	Judy Briner	
	Fruitland Park, Fl	
(Use attachment if necessary)		
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:		
Physics O 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.)		
TNYIIIS	yped or printed name of signee SR W	
Filing Fees:	FLOR STA	
\$125.00 Filing Fee for Articles of Orga of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	DA 12	