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C. LEWIS

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: An Excellent Home Staging, L. L. C.
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:
Andrea L. Emde
Name of Person
An Excellent Home Staging, L. L. C.
Firm/Company
150 Pineview Road Unit F-5
Address
Jupiter, FL 33469
City/State and Zip Code
aehs.emde93@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrea L. Emde at (561) 352-9746
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$155.00 Filing Fee & \$\sum \$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AI	₹TI	CI	Æ	I - 1	Nam	e:

The name of the Limited Liability Company is:

An Excellent Home Staging, L.L.C.	
(Must end with the words "Limited Liability Company "L.L.C." or "L.L.C.")	

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
150 Pineview Road	150 Pineview Road	
Unit F-5	Unit F-5	
Jupiter, FL 33469	Jupiter, FL 33469	

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Andrea L.	Emde	7A.S.
	Name	ZOIL JA
150 Pin	一	
	Florida street address (P.O. Box NOT acceptable)	SSE S PRE
Jupiter,	_{FL} 33469	
	City, State, and Zip	TATE OR OR

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)

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member Andrea L. Emde 150 Pineview Road Unit F-5 Jupiter, FL 33469 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be more than five business days price or 90 days after the date of filing.) REQUIRED SIGNATURE: (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Andrea L. Emde Typed or printed name of signee	ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as f		FILED follows:
(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 price or 90 days after the date of filing.) 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Andrea L. Emde	"MGR" = Manager	Name and Address:	
ARTICLE V: Effective date, if other than the date of filing:	Managing Member	150 Pineview Road Unit F-5	
RTICLE V: Effective date, if other than the date of filing:			
RTICLE V: Effective date, if other than the date of filing:			
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Andrea L. Emde	RTICLE V: Effective date, if other than the	date of filing:	. (OPTIONAL)
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	constitutes an affirmation unde I am aware that any false infor	r the penalties of perjury that the fact mation submitted in a document to the	ts stated herein are true.
Typed or printed name of signee			
	Ту	ped or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)