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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: ACN Simply Elegant Window Coverings LLC Name of Limited Liability Company
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:
Name of Person Angel < Wordstrom
ACN simply Elegant window Coverings LLC Firm/Company
5976 20th Street # 230 Address
Vero Beach, Florida 32966
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angel (. Nordstrom at (305) 394-1129
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
ACW Simply Elegant Wind: (Must and with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address: 5976 20th St # 230 Vero Beach. Florida 32966	Mailing Address: 5976 20th St 4 230 Vero Boach, Florida 32766
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another egistered agent are:
2531 Stockbridge	e Square Sw
	ress (P.O. Box <u>NOT</u> acceptable) FL
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	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	atron secure (REQUIRED)
(CONTINU	JED)
Page 1 of 2	

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
"MGRM"	Frgel C. Mordstrom
	Ueno Beach Fl. 32962
	Una Read TI 2 Days
	Oe10 324 7/1 30 10 a
	•
LE V: Effective date, if other than t	
LE V: Effective date, if other than the fective date is listed, the date must	the date of filing: (OPTION to be specific and cannot be more than five business dates.)
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mention of the constitutes an affirmation under the constitutes and constitutes an affirmation under the constitutes and c	nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true.
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ARTICLE IV- Manager(s) or Managing Member(s):