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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2011 SEP 30 AN ID: 5

C. LEWIS

OCT 3 2011

EXAMINER

COVER LETTER

•	⊾ TO:∈	_	on Section f Corporat	ions				
	SUBJ	ECT:	LA	INTERI Name of Lin			LLC pany	
							•	
	The en	closed Articl	es of Organ	ization and fee(s) ar	e submit	ted for filir	ıg.	
	Please	return all cor	respondenc	e concerning this m	atter to ti	ne followin	g:	•
			LAUR	a ALSY	1 TE Name	MA) of Person	4 <u>20</u> 2	1F
			/ h	1N/TEN	n	<u></u>	110	
			<u> </u>	INTER	Firm/	Company	<u> </u>	
			_					
		1541	$g p_{i}$	LANTATIO	2N_	OAK	(S (C	RIVE #14
					Ac	ldress		
		TAM	PA	FL	33	647		
TAMPA FL 33647 City/State and Zip Code								
alsyte 60 a hamail. com Email address: (to be used for future annual report notification)								
	For fur			ing this matter, plea		e amigai rep	on nouncano	nı)
,								
LAU	RA A	Lsyte	MAA	LOUF	at (f	651	<u>) 271</u>	9855
		Na	me of Person	1		Area Cod	e & Daytime	Telephone Number
	Enclos	sed is a chec	k for the fo	ollowing amount:				
	\$125.00	Filing Fee	\$130	.00 Filing Fee &	\$1	55.00 Fili	ng Fee &	\$160.00 Filing Fee,
			Cer	tificate of Status		ertified Co Iditional cop	ppy by is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
			<u>Mail</u>	ing Address		Street/C	ourier Addr	res <u>s</u>
			Regis	tration Section		Registrat	ion Section	
				ion of Corporations Box 6327	1	Clifton E	of Corporat Building	ions
				hassee, FL 32314		2661 Ex	ecutive Cent see, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	•
(Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
INTERIORS LLC 15419 PLANTATION DAK DR #13 TAMPA FL 33647	LA INTERIORS LLC 15419 PLANTATION DAK OR #14 TAMPA FL 33647
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
LAURA ALSYT	E MAALOUF SSET 32
15419 PLANTATION OF Florida street laddr	ess (P.O. Box NOT acceptable)
TAMPA City, Stat	25 CT

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)

Page 1 of 2

FILED

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

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

2011 SEP 30 AM 101 58

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE
And the state of t		
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: <u>09/28///</u>. (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:

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.)

LAURA ALSYTE MAALOUF
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)