

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

49660

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
12 MAY - 3 PM 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
HOME STAGING BY JULIE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

B. KOHR

MAY - 7 2012

EXAMINER

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**ARTICLES OF ORGANIZATION
OF
HOME STAGING BY JULIE, LLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
12 MAY -3 AM 10:03

ARTICLE I - NAME

The name of the limited liability company is HOME STAGING BY JULIE, LLC,
("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

200 2nd Avenue South
Suite 430
St. Petersburg, FL 33701

Mailing Address:

200 2nd Avenue South
Suite 430
St. Petersburg, FL 33701

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Julie Clark-Jones
200 2nd Avenue South
Suite 430
St. Petersburg, FL 33701

*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*

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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.


Julie Clark-Jones

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Julie Clark-Jones
200 2nd Avenue South
Suite 430
St. Petersburg, FL 33701

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.)

Home Staging by Julie, LLC

Julie Clark-Jones
200 2nd Avenue South
Suite 430
St. Petersburg, FL 33701

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