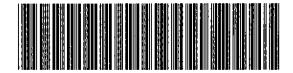
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
MAY 31 2011				
EXAMINER				

. Office Use Only



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SECKETARY OF STATE
AND AHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2012

JEAN P. CHANG 16308 NW 18TH ST. PEMBROKE PINES, FL 33028

SUBJECT: FINE STYLING INTERIORS, LLC.

Ref. Number: W12000024606

We have received your document for FINE STYLING INTERIORS, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 612A00013392

Florida Department of State Division of Corporations ATTN: Agnes Lunt PO Box 6327 Tallahassee, FL 32314

RE:

FINE STYLING INTERIORS, LLC

REF NUMBER: W12000024606

Dear Ms. Lunt:

Please find attached a copy of your letter returning the document requesting for the Registered Agent's information for same. My apologies, I have added same.

Should you have any questions, please do not hesitate to contact me. Thank you.

Respectfully submitted,

Antomette J/Singh

2012 HAY 30 PM 4: 19

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FINE STYLING INTERIORS, LLC. 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:	
JEAN P CHANG Name of Person	
	٠
FINE STYLING INTERIORS, LLC.	
Firm/Company	
16308 NW 18th ST. Address	
PEMBROKE PINES. FL 33028	-
tines/y/ing/viles ws Q quach. com	
City/State and Zip Code fine Styling interiors @qmail.com E-mailaddress (to be used for future annual report notification) For further information concerning this matter, please call:	\ <i>J</i>
TEAW P CHANG at (954) 665-7219 Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}}	
Mailing Address Registration Section Street/Courier Address Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	me: imited Liability Compar	ny is:	
		INTERIORS, LLC I Liability Company, "L.L.C.," or "LLC."	
ARTICLE II - Ad The mailing addres		the principal office of the Limit	ed Liability Company is:
Principal Office A	Address:	Mailing Address:	
16308 NW PEMBROKE FL 33028		SAME	
(The Limited Liability Co business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of ANTOINFTE. 312 SE 1774 Florida street SORT LAUDERING	tered Office, & Registered Age Registered Agent. You must designate and the registered agent are: J. SINGH Name ST. 2 FL Det address (P.O. Box NOT acceptable ALE FL 33316 ity, State, and Zip	n individual oranother 30 PH SIATE
liability compa registered agent an statutes relating i	ny at the place designated nd agree to act in this cap to the proper and comple gations of my position as Registered Agent's	nd to accept service of process for d in this certificate, I hereby accepacity. I further agree to comply ete performance of my duties, and a registered agent as provided for Signature (REQUIRED)	ept the appointment as wwith the provisions of all d I am familiar with and
	(CON	ITINUED)	

Page 1 of 2

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	r
MGR	JEAN P CHANG
	16308 NW 1892 ST
	PEMBROKE PINES, FL 33028
. 10 0 11	
MGRM	RACHEL CHANG
	2365 NW 109th AUE
	SUNRISE FL 33322
MGRM	LYDIA CHANG
	16308 NW 18th ST.
	PEMBROKE PINES, FL 33028
	W-8/11
(Use attachment if necessary)	
(Ose academient if necessary)	
RTICLE V: Effective date, if other the fan effective date is listed, the date in or 90 days after the date of filing.)	an the date of filing: 3-30-2012. (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	\sim
	(Veantle)
Signature of a r	member dr an authorized representative of a member.
_	0
(in accordance with section constitutes an affirmation	ion 608.408(3), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true.
I am aware that any false	e information submitted in a document to the Department of State 📉
=	TEAN P CHANG Typed or printed name of signee
	JEAN P CHANG
	Typed or printed name of signee
Filing Fees:	
6125.00 EU. E. S. A. C. T.	
\$125.00 Filing Fee for Articles of Registered Agent	i Organization and Designation
\$ 30.00 Certified Copy (Options	al)
\$ 5.00 Certificate of Status (O)	