L14000010334

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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T. March JAN 2 T. 2009



COVER LETTER

TO: Registration S Division of Co			
Elea	ant Homes, L	l C	
SUBJECT: E169		ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	
Margar	eth Ayub		
	<u> </u>	Name of Person	
Elegan	t Homes, LLC	,	
		Firm/Company	
5617 W	est Shore Dr		
		Address	
New Po	ort Richey, FL	34652	
 		ty/State and Zip Code	
jaoncmd@			
	,	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Margareth	Ayub	_at (727 <u>847-59</u> Area Code & Daytime Tele	999
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address Registration Section	Street/Courier Address Registration Section	

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

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



January 2, 2014

MARGARETH AYUB 5617 WEST SHORE DR NEW PORT RICHEY, FL 34652

SUBJECT: ELEGANT HOMES, LLC Ref. Number: W14000000228

We have received your document for ELEGANT HOMES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6051.

Tim Burch
Regulatory Specialist II
Registration Section

Letter Number: 914A00000095

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	d Liability Company is:		
Elegant Home, LLC			
	Aust end with the words "	Limited Liability Company, "L.L.C.," or "LI	
ARTICLE II - Addres			
		ncipal office of the Limited Liability Compar	ıy is:
Principal Office Addr	ess:	Mailing Address:	
5617 West Shore Dr		same	
New Port Richey, FL 34652			
(The Limited Liability another business entity			te an individual or
	Margareth Ayub		
		Name	
	5617 West Shore Dr		
	Florida street address (P	P.O. Box <u>NOT</u> acceptable)	
	new Port Richey	FL 34652	
	City	Zip	
the place designated capacity. I further ag	d in this certificate, I hereb gree to comply with the pro- um familiar with and accep Registered Agent	by accept service of process for the above stated liby accept the appointment as registered agent ovisions of all statutes relating to the proper and the obligations of my position as registered Chapter 605, F.S. Live Signature (REQUIRED)	and agree to act in this nd complete performance

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized M	ember
MGR" = Manager	Margareth Ayub
	5617 West Shore Dr
	New Port Richey, FL 34652
MGRM	Jorge Ayub
	5617 West Shore Dr New Port Richey, FL 34652
	1001 001 1000 1000
V: Effective date, if oth	r than the date of filing: (OPTIONAL)
CV: Effective date, if oth ctive date is listed, the date is listed.	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or 9
V: Effective date, if oth ctive date is listed, the defiling.)	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or 9
EV: Effective date, if oth ctive date is listed, the date is listed.	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or 9
	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or 9 ny.
EV: Effective date, if other tive date is listed, the defiling.) EVI: Other provisions, if EXEQUIRED SIGNATURES (In accordance constitutes a 1 am aware to serve date in the server of t	te must be specific and cannot be more than five business days prior to or 9 my. E: ature of a member or an authorized representative of a member. with section 603.0203 (1) (b), Florida Statutes, the execution of this documen affirmation under the penalties of perjury that the facts stated herein are true. at any false information submitted in a document to the Department of State
V: Effective date, if other tive date is listed, the defiling.) VI: Other provisions, if Security Signature (In accordance constitutes a 1 am aware to serve date, if other provisions, if server ser	te must be specific and cannot be more than five business days prior to or 90 my. E: Auture of a member or an authorized representative of a member.
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