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(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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WAR 17 YOU D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Elephant Decor, 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:		
Natalia Dzehtsiarova	_	
Name of Person	_	
Elephant Decor, LLC		
Firm/Company	_	
3865 Alamanda Dr.		
Address		
Sarasota, FL 34238		
City/State and Zip Code	_ 21	
ssglassde@gmail.com E-mail address: (to be used for future annual report notification)	- I	timental fi
For further information concerning this matter, please call:	MAR I	TRINGEN PRINCE
Natalia Dzehtsiarova (941 926 4448	th h	
Name of Person Area Code Daytime Telephone Number	PM 12: 39	Season.
Enclosed is a check for the following amount:	39	
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$\$\$\$\$\$\$\$\$}		
Mailing Address Street/Courier Address		

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
Elephant Decor, LLC				
(Must end	with the words "Limi	ted Liability C	ompany, "11C.,	" or "LLC.")
ARTICLE II - Address: The mailing address and street:	address of the principa	al office of the	Limited Liability	Company is:
Principal Office Address:		ailing Address		, ,
3865 Alamanda Dr		3865 Alam	nanda Dr.	
Sarasota, FL 34238		Sarasota.	FL 34238	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	y cannot serve as its o active Florida registra	wn Registered ation.)		
The name and the Florida street	address of the registe	ered agent are:		
		Dzehtsiarova ime		-
Florida	a street address (P.O. I	lamanda Dr. Box <u>NOT</u> acce	ptable)	_
	Sarasota	FL	34238	
	City		Zip	_
the place designated in this capacity. I further agree to co of my duties, and I am famili	certificate, I hereby ac omply with the provisio ar with and accept the CI	cept the appoir ons of all statute cobligations of hapter 605, F.S gnature (REQU	ntment as registere es relating to the p my position as reg	stated limited liability company at ed agent and agree to act in this proper and complete performance gistered agent as provided for in
	Page 1	of?		

MBR" = Authorized Member GR" = Manager BR			
	Natalia Dzehtsiarova		
	3865 Alamanda Dr.		
	Sarasota, FL 34238		
	· · · · · · · · · · · · · · · · · · ·		
. Effective date, if other than the date of fili	ng: (OPTIONAL)		
ve date is listed, the date must be specific ling.)	and cannot be more than five business days prior to or 90		
ve date is listed, the date must be specific	and cannot be more than five business days prior to or 90		
ve date is listed, the date must be specific ling.)	and cannot be more than five business days prior to or 90		
Ve date is listed, the date must be specific ling.) The Other provisions, if any. OUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.		
OUIRED SIGNATURE: Signature of a member (In accordance with section 605.0)	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document		
OUIRED SIGNATURE: Signature of a member (In accordance with section 605.0) constitutes an a Nirmation under the	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.		
OUIRED SIGNATURE: Signature of a member (In accordance with section 605.03 constitutes an a Nirmation under to I am aware that any false informa	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this documen		

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)

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