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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

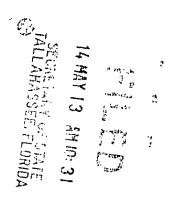
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Office Use Only



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J. Shivers MAY 21 200

COVER LETTER

Division of Corporations	
SUBJECT: Pitture Perfect Home Staging, Cle Name of Limited Liability Company	
Name of Emitted Emonity Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mristina Dennisan Name of Person	
Name of Person	
PIETURE PERFERT Have staging U.	
Firm/Company	
1451 River of may St Address	
Address	
St. Avaluating, FL 32092	
City/State and Zip Code	
St. Flysting, FL 32092 City/State and Zip Code Mar_Unisting @ Msn. Cum E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
$\psi_{z_{\overline{z}}}$	
Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
CONTROL OF	,
Enclosed is a check for the following amount:	
S125.00 Filing Fee LS130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	7

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited	Liability Company is:			
Pilture Par	FOLH HOME SHO	Liability C	ompany, "L.L.C.," or	"LLC.")
ARTICLE II - Address:				
Principal Office Addres	s <u>s:</u>	Mailing	Address:	
1451 River of St. Algustine,	May 54 FC 32092	1461 54.1	River of m Augustine, FL	33033 GN 24
(The Limited Liability Co	red Agent, Registered Office, on the company cannot serve as its own with an active Florida registration	Registered		
The name and the Florida	a street address of the registered	agent are:		
	Christina Denni Name	SMJ		
	NISI RIVET of May Florida street address (P.O. Box	54		
_	St. Augustina City	FL	<u> </u>	
	City		Zip	
the place designated is capacity. I further agre		t the appoil of all statut ligations of er 605, F.S	ntment as registered ag es relating to the prope my position as register	ent and agree to act in this er and complete performance
	MINDER STREETH!	NOIL		E 14
	Registered Agent's Signat	ure (REQU	JIRED)	
	(CONTINU Page 1 of 2	ED)		13 MID:
	6			22 6

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager AmらR	Arristing Dennison
	1451 RIVER OF MOUST
	St. Augustine, IT 32092
AMBR	Patricia Dunn
<u></u>	Slowy Viala La
	IDONESNIND FC 3554A
·········	
	<u></u>
E V: Effective date, if other than the ective date is listed, the date must	e date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior to or 9
(Use attachment if necessary). E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any.	e date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any.	e date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ctive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ne specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ctive date is listed, the date must f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	ne specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ctive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.