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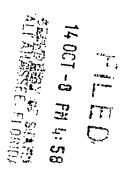
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COVER LETTER

Division of	Corporations		
SUBJECT: Saraso	ata Home Organizer Name of Li	mited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	are submitted for filing.	
Please return all corre	espondence concerning this n	natter to the following:	
Elizabeth	n Harrison	Name of Person	
Sarasota	a Home Organizer	Firm/Company	
13304 B	ridgeport Crossing	• •	
l akewoo	d Ranch, FL 34211	Address	
<u>Hanowoo</u>		City/State and Zip Code	
elizabeth@sara	sotahomeorganizer.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information	on concerning this matter, ple	ase call:	
ELizabeth Harrison Nan	at (941) 4170674 Area Code Daytime Te	lephone Number
Enclosed is a check for	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)
Mai	iling Address	Street/Courier Add	ress

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 Liability Company is:			
Sarasota Home Organizer, LLC (Must end with the words "Limite	ed Liability Company, "L.L.C.," or "	·LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Com	pany is:	
Principal Office Address:	Mailing Address:		
13304 Bridgeport Crossing Lakewood ranch, FL 34211	13304 Bridgeport Crossing Lakewood Ranch, FL 34211		
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration.) The name and the Florida street address of the registered.	m Registered Agent. You must design ion.)	t gnate an individual or	
Elizabeth Harrison	ou agont are.		
Name Name Name Name Name Name Name Name	ne		
13304 Bridgeport Crossing Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)		
<u>Lakewood Ranch</u> City	FL 34211 Zip		
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accepacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the of Chap	service of process for the above stated opt the appointment as registered age s of all statutes relating to the proper obligations of my position as registered pter 605, F.S	ent and agree to act in this and complete performance	
CLIRABITION Regulatered Agent's Sign	MALISON nature (REQUIRED)		
(CONTIN	·) (a) 1	
Page 1 of	72	4 OCT -8 PM 4:58	

Title: "AMBR" = Authorized "MGR" = Manager		Name and Address:		
AMBR	_	Elizabeth Harrison		
		13304 Bridgeport Crossing Lakewood Ranch, FL 34211		
		Lanewood Hallett, 1 L 34211		
	_			
	_			
	_			
			_	
Use attachment if nece	eccary)			
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E V: Effective date, if of ctive date is listed, the filing.) E VI: Other provisions,	other than the date of filine date must be specific a	ng: (OPTIONAL) and cannot be more than five business days prior to	or 9	0 d:
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