## L14000169179

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

Office Use Only



500265701305

10/30/14--01033--015 \*\*125.00

14 OCT 30 AM II: 30
SECREMANY OF STATE

J. Services OCT 8 1 2014

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PARIS LIVING, LLC	
Name of Lim	nited Liability Company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
SARAH M PARIS	
	Name of Person
	Firm/Company
	Типисотрану
3435 OAKWATER POINTE DRIVE	Address
OD/ ANDO EL ODIDA 20043	
ORLANDO, FLORIDA 32812 C	ity/State and Zip Code
susanparis2002@yahoo.com E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, plea	ase call:
	407 ) <u>493-4837                                     </u>
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$125.00 Filing Fee   Status  □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building
Tallahassee, FL 32314	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:		
D4.010 / 11 (N) 0 / 1 0		
PARIS LIVING, LLC (Must end with the words "Limited	I Liability Company, "L.L.C.," or "LL	
	,,	,
ARTICLE II - Address: The mailing address and street address of the principal o	office of the Limited Liability Compan	ıy is:
Principal Office Address:	Mailing Address:	
3435 OAKWATER POINTE DRIVE ORLANDO, FL 32812	3435 OAKWATER POINTE DI ORLANDO, FL 32812	RIVE
ARTICLE III - Registered Agent, Registered Office, The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designation.)	te an individual or
The name and the Florida street address of the registered	l agent are:	
SUSAN PARIS	· · · · · · · · · · · · · · · · · · ·	
Name	<b>)</b>	
3435 OAKWATER POINTE D		
Florida street address (P.O. Box	x <u>NOT</u> acceptable)	
ORLANDO	FL 32812	
City	Zip	
Having been named as registered agent and to accept se the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob	ot the appointment as registered agent of of all statutes relating to the proper an	and agree to act in this ad complete performance
Registered Agent's Signa	lture (REQUIRED)	OCT 3
(CONTINU	ED)	TO A
Page 1 of 2		MII: 30

**AMBR* = Authorized Member** **MGR* = Manager  MGR  SARAH M PARIS  3435 OAKWATER POINTE DRIVE  ORLANDO, FL 32812  (Use attachment if necessary)  E V: Effective date, if other than the date of filing:  cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document of a maware that any false information submitted in a document to the Department of Statutes at third degree felony as provided for in s.817.155, F.S.)  SARAH M PARIS  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u>Title:</u>	Name and Address:
MGR  SARAH M PARIS  3435 OAKWATER POINTE DRIVE  ORLANDO, FL 32812  (Use attachment if necessary)  E V: Effective date, if other than the date of filing:  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document on the constitutes an affirmation under the penalties of perjury that the facts stated herein are true constitutes a third degree felony as provided for in s.817.155, F.S.)  SARAH M PARIS  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"AMBR" = Authorized Member	<del></del>
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	"MGR" = Manager	
(Use attachment if necessary)  E V: Effective date, if other than the date of filing:	MGR	
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:		ORLANDO, FL 32812
E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:	<del></del>	
E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:		<del></del>
E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:		
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  SARAH M PARIS  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	•	te of filing: (OPTIONAL)
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document; constitutes an affirmation under the penalties of perjury that the facts stated herein are true I am aware that any false information submitted in a document to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.)  SARAH M PARIS  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the da	
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document; constitutes an affirmation under the penalties of perjury that the facts stated herein are true I am aware that any false information submitted in a document to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.)  SARAH M PARIS  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the da	
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true I am aware that any false information submitted in a document to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.)  SARAH M PARIS  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  SARAH M PARIS  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 day
I am aware that any false information submitted in a document to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.)  SARAH M PARIS  Typed or printed name of signce  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	E V: Effective date, if other than the date extive date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	nember or an authorized representative of a member.
Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a recordance with section of the sec	nember or an authorized representative of a member.
Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a recordance with section a constitutes an affirmation unlimit am aware that any false info	nember or an authorized representative of a member.
Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a recordance with section to constitutes an affirmation un I am aware that any false info	nember or an authorized representative of a member.
Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic of a magnetic date of a mag	nember or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this documents der the penalties of perjury that the facts stated herein are true cormation submitted in a document to the Department of State on as provided for in s.817.155, F.S.)
Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic of a magnetic date of a mag	nember or arrauthorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document or member or period the penalties of perjury that the facts stated herein are true or mation submitted in a document to the Department of State or ony as provided for in s.817.155, F.S.)
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent $\cong \cong \omega$	E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic of a magnetic date of a mag	nember or arrauthorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document or member or period the penalties of perjury that the facts stated herein are true or mation submitted in a document to the Department of State or ony as provided for in s.817.155, F.S.)
	E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a reconstitutes an affirmation under the section of a management of the section o	nember or arrauthorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this documents der the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State on as provided for in s.817.155, F.S.)
5.00 Certificate of Status (Optional)	V: Effective date, if other than the dative date is listed, the date must be stilling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a region	nember or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document; der the penalties of perjury that the facts stated herein are true cormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)  RIS  Typed or printed name of signce  Filing Fees:  Praganization and Designation of Registered Agent