

***L15000027005**

HERMA WATSON-TAYLOR
(Requestor's Name)

1001 VOLUSIA ST
(Address)

(Address)

TALLAHASSEE FL 32304 (850) 575-
(City/State/Zip/Phone #) 6549

☐ PICK-UP ☐ WAIT ☒ MAIL

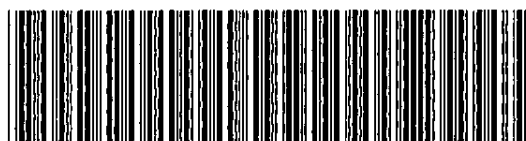
ELEGANT FASHIONS PLUS
(Business Entity Name)

watson/t@ yahoo.com
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200268647422

02/13/15--01007--001 **125.00

RECEIVED
15 FEB 13 AM 8:49
DIVISION OF CORPORATIONS

15 FEB 13 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

K. SALY
EXAMINER
FEB 13 2015

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELEGANT FASHIONS PLUS LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1001 VOLUSIA ST
TALLAHASSEE
FL 32304

Mailing Address:

1001 VOLUSIA ST
TALLAHASSEE
FL 32304

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

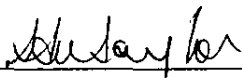
The name and the Florida street address of the registered agent are:

HERMA WATSON-TAYLOR
Name

1001 VOLUSIA ST
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32304
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 FEB 13 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MANAGER

HERMA WATSON-TAYLOR
1001 VOLUSIA ST.
TALLAHASSEE, FL 32304

AMBR

ALEXAN TAYLOR JOHNSON
5028 SE 34TH COURT
Ocala, FL 34480

AMBR

RONALD JOSEPH TAYLOR
1001 VOLUSIA ST.
TALLAHASSEE, FL 32304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Ronald Joseph Taylor

Signature of a member or an authorized representative of a member.

(In accordance with section 603.0203 (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.)

RONALD JOSEPH TAYLOR

Typed or printed name of signee

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)