LIS 0000 54187

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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1. CHIVOTS MAR 27 7015

COVER LETTER

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: Shabby to Chic Properties, 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:
Amy Steele
Name of Person
Firm/Company
508 Little Lake Court
Address
Winter Haven FL 33884 City/State and Zig Code
Shabbytochicoroperties@amil.com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Amy Steele at (863) 234-1378 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE i - Name: The name of the Limited Liability Company is:	
Shabby to Chic Prope (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
508 Little Lake Court Winter Haven, F2 33884	same
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are.
Amy Steele	·
Name 5.00 Lills /	, ,
508 Little La. Florida street address (P.O. Box N	
_	
<u>Winter Haven</u>	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605. F.S.
Registered Agent's Signatur	e (REQUIRED)
(CONTINUED	AR I
Page 1 of 2	

Title: "AMBR" = Authorized Member "MGR" = Manager CLE V: Effective date, if other than the date of filing: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 de of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE: REOUIRED SIGNATURE: I am aware that any false information submitted in a document to the Department of States constitutes an affirmation under the penalties of perjury that the facts stated herein arctirue. I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.) Amy Steele Typed or printed name of signee Filling Fees: \$ 125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 3.0.00 Certified Copy (Optional) \$ 5.000 Certificate of Status (Optional)	(Use attachment if necessary) LE V: Effective date, if other than the date of filing: (Coptional) REQUIRED SIGNATURE: (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 arctine. 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.) Amy Steele 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)	The name and address of each person au	•
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing: [COPTIONAL] RECOURS SIGNATURE: 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 artifue. I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.) Amy Steele 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)		Name and Address:
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the contract of the contract o		REQUIRED SIGNATURE: Signature of a me (In accordance with section 60: constitutes an affirmation unde I am aware that any false infora constitutes a third degree felony S125.00 Filing Fee for Articles of Org	ecific and cannot be more than five business days prior to or 90 days the second of the second of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of States by as provided for in s.817.155, F.S.) Steele Typed or printed name of signee Filing Fees: