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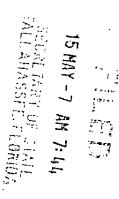
. (Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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JERMAN HAY 1 1 2015



April 14, 2015

APRILE CECIRO 942 HARBOR CIRCLE PALM HARBOR, FL 34683

SUBJECT: AJ ENTERPRISE, LLC Ref. Number: W15000022610

We have received your document for AJ ENTERPRISE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 115A00006465

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Extravagant Affairs, LLC. (Must end with the words "Limi	ted Liability Co	ompany, "L.L.C	.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street address of the principal	al office of the	Limited Liability	/ Company is:
Principal Office Address:	<u>Mailing</u>	Address:	•
942 Harbor Circle		942 Harbor Cir	cle
Palm Harbor, FL 34683		Palm Harbor, F	L 34683
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address of the register	wn Registered		
Aprile Ceciro			
Na	me		
942 Harbor Circle			
Florida street address (P.O. I	Box NOT accept	otable)	
Palm Harbor	FL	34683	
City		Zip	
Having been named as registered agent and to company at the place designated in this certificate, capacity. I further agree to comply with the p performance of my duties, and I am familiar with provided f	I hereby accept act in this provisions of all and accept the for in Chapter (t the appointment statutes relating obligations of mostly, F.S	nt as registered agent and agree to g to the proper and complete
(CONTE	NUED)		

Page 1 of 2

<u> </u>	<u> Citle:</u>		Name and Address:	
",	AMBR" = Authorize	d Member		
"!	MGR" = Manager			
_	P		Aprile Ceciro	
			942 Harbor Circle	
			Palm Harbor, FL 34683	
	P		Stephanie Dulski	
			2621 Kavalier Drive	
			Palm Harbor, FL 34684	
				
a				
	Use attachment if nec		filing: (OPTIONAL)	
ARTICLE '	V: Effective date, if tive date, the	other than the date of	filing: (OPTIONAL) fic and cannot be more than five business days prior to	or 90 days
ARTICLE ' (If an effection of the date of	V: Effective date, if tive date, the	other than the date of ne date must be specif	filing: (OPTIONAL) fic and cannot be more than five business days prior to	or 90 days
ARTICLE Y (If an effection of the date of	V: Effective date, if tive date is listed, th filing.)	other than the date of ne date must be specif	filing: (OPTIONAL) fic and cannot be more than five business days prior to	or 90 days
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ARTICLE (If an effecthe date of ARTICLE	V: Effective date, if tive date is listed, the filing.) VI: Other provision REQUIRED SIGNA (In accordant constitutes an affi	other than the date of the date must be specified, if any. TURE: Signature of a membrace with section 605.02 rmation under the pen	er or an authorized representative of a member 203 (1) (b), Florida Statutes, the execution of this documentalties of perjury that the facts stated herein are true.	TS MAY -
ARTICLE (If an effect the date of ARTICLE	V: Effective date, if tive date is listed, the filing.) VI: Other provision REQUIRED SIGNA (In accordant constitutes an affiliany false information)	other than the date of the date must be specified at the specifies, if any. TURE: Signature of a member of a member of the section 605.02 rmation under the penn submitted in a document of the submitted in a document of the specifies of the sp	er or an authorized representative of a member 203 (1) (b), Florida Statutes, the execution of this documentalties of perjury that the facts stated herein are true ment to the Department of State	15 MAY - J AN
ARTICLE (If an effect the date of ARTICLE	V: Effective date, if tive date is listed, the filing.) VI: Other provision REQUIRED SIGNA (In accordant constitutes an affiliany false information)	other than the date of the date must be specified, if any. TURE: Signature of a membrace with section 605.02 rmation under the pen	er or an authorized representative of a member 203 (1) (b), Florida Statutes, the execution of this documentalties of perjury that the facts stated herein are true, ment to the Department of State	15 MAY -4 AM 7.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)