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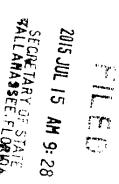
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7-13-15



JUL 2 3 2015

COVER LETTER

	legistration Section Division of Corporations
SUBJECT	Style Elements, LLC
SOBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	Nelida Rivera
	Name of Person
	Firm/Company
	433 Horizon Drive
	Address
	Winter Springs, FL 32708
	City/State and Zip Code
	nda107@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Nelida Rivera 407 255-4162 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
]\$ 125.00 F	iling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified C

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF	ORGANIZATION FOR FLO	RIDA LIMITED LL	ABILITY COMPANY	TARY OF STATE OR ION
ARTICLE I - Name:	•		, ,	LE
The name of the Limited Liability	y Company is:		40/5 ₀	$U_{ij} = U_{ij}$
•	, ,			^{ol} 15 .
Strde Flomente II.C.			ALITE	740 AM 9: 20
Style Elements, LLC	with the words "Limited Lia	hility Company "I	I C "or "I C ")	350-UF 05
(iviusi cita v	with the words. Entitled Ela	onity Company,	L.L.C., Of LLC.	CE, FLORIE
ARTICLE II - Address:				- OR LOA
The mailing address and street ad	Idress of the principal office	of the Limited Lia	ability Company is:	
Principa	al Office Address:		Mailing Address:	EFFECTIVE DAT
***************************************				_7-13-15
433 Horizon Drive	2700		rizon Drive	
Winter Springs, FL 32	2708	Winter	Springs, FL 32708	
-				
ARTICLE III - Registered Age				
(The Limited Liability Company		sistered Agent. You	u must designate an individual o	or
another business entity with an a	ctive Florida registration.)			
The name and the Florida street a	address of the registered age	ent are:		
	_			
	Nelida Rivera			
	Na	ime		
	433 Horizon Drive			
	Florida street address (P.	O. Box NOT acce	ptable)	
	·		t	
	Winter Springs, FL 32708			
	City	State	Zip	
				e et
Having been named as registered a place designated in this certificate,				
nace aesignatea in this certificate, further agree to comply with the pro				
am familiar with and accept the obl				
•	· · · · · //			
	\mathcal{N}_{A}	With Ku	re∆a ∠	
	Phasistered	America Simple	(DECUIDED)	
	/ Kegistered	Agent's Signature	(KEYUIKED)	

Page 1 of 2

(CONTINUED)

<u>l'itle:</u>	Name and Address:	
	horized Member	
MGR" = Mana		
ИGr	Nelida Rivera	
	433 Horizon Drive	
	Winter Springs, FL 32708	
······································		

V: Effective d	if necessary) ate, if other than the date of filing: July 13, 2015 (OPTIONAL led, the date must be specific and cannot be more than five business days prior to	
ctive date is list f filing.) he date inserted	ate, if other than the date of filing: July 13, 2015	or 90 (
EV: Effective detive date is list filing.) the date inserted tent's effective	ate, if other than the date of filing: July 13, 2015 (OPTIONAL ed, the date must be specific and cannot be more than five business days prior to a lin this block does not meet the applicable statutory filing requirements, this date was date on the Department of State's records.	or 90 (
V: Effective detive date is list filing.) he date inserted ent's effective VI: Other prov	ate, if other than the date of filing: July 13, 2015 (OPTIONAL ed, the date must be specific and cannot be more than five business days prior to a lin this block does not meet the applicable statutory filing requirements, this date was date on the Department of State's records.	or 90 (
V: Effective detive date is list filing.) the date inserted tent's effective VI: Other proving the date inserted tent's effective	ate, if other than the date of filing: July 13, 2015 (OPTIONAL ted, the date must be specific and cannot be more than five business days prior to a lin this block does not meet the applicable statutory filing requirements, this date we date on the Department of State's records.	or 90 (
CV: Effective detive date is list filing.) the date inserted tent's effective CVI: Other proventies of the course	ate, if other than the date of filing: July 13, 2015 (OPTIONAL ed, the date must be specific and cannot be more than five business days prior to a lin this block does not meet the applicable statutory filing requirements, this date was date on the Department of State's records.	vill not l
CV: Effective detive date is list filing.) the date inserted tent's effective CVI: Other proventies of the course	ate, if other than the date of filing: July 13, 2015 (OPTIONAL ted, the date must be specific and cannot be more than five business days prior to the line this block does not meet the applicable statutory filing requirements, this date we date on the Department of State's records. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida State an aware that any false information submitted in a document to the Department of	vill not l

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)