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JUL 28 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Julie Balazic Interior Design, 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:
Julie Balazic Name of Person
Julie Balazic Interior Design, LLC
150 Torcido Blvol. Address
St. Augustine, FL 32095 City/State and Zip Code Juliebalazic agmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Diffitted Diability Company is.			15 JUL 20 AM 5: 42
Julie Balazic ?	Interior	Design	ALLAHASSEE, FLORIDA
(Must end with the words "Lir	mited Liability Company	"L.L.C.," or "LLC.")	TALLAHASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	pal office of the Limited	Liability Company is:	
Principal Office Address:	:	Mailing Addi	ress:
150 Torcido Blud		50 Torcic	lo Blud.

FILED

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Name

150 Torcido Blvd.

Florida street address (P.O. Box NOT acceptable)

St. Augustine, FL 32095

City State 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.

(CONTINUED)

Registered Agent's Signature (REOUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
AHBR	Julie Balazic 150 Torcido Blyd:
	St. Augustine, FL 3209
MGR	Julie Balazic 150 Torcido Blud. St. Augustine, FC 320
	J
(Use attachment if necessary)	
EV: Effective date, if other than ective date is listed, the date must filing.)	the date of filing:
EV: Effective date, if other than ective date is listed, the date must filing.)	st be specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
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