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COVER LETTER

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Registration Section Division of Corporations

TO:

Į,

SUBJECT: Tallahassee Home Staging, 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:
Shari E. Hubbard Name of Person
Tallahassee Home Staging, LLC Firm/Company
85) Violet Street Address
Tallahassee, FL 32308 City/State and Zip Code tally shariegmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shari Hubbard at (850) 284-2797 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sigma \text{S125.00 Filing 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)}
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

Tallahassee Home Staging LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	1	
	Mahassee Home ?	Staging, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The name of the Limited Liability Company is:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:	
851 Violet Strect Tallahassee, FL 32308	851 Violet Street Tallahasser, FL 32308	

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:

Shari E. Hw	bbard	<u> </u>		
Name .				
851 Violet	Stree	<i>†</i>		
Florida street address (P.O. Box NOT acceptable)				
Tallahassec,	FL	32308		
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

WAS TO BE CONTRACTOR

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Shari Hubbard, AMBR + MGT 851 Violet Strect Tallahassce, FL 32308
 	
he date of filing.)	ate of filing: <u>January 4, 2016</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 days aft of meet the applicable statutory filing requirements, this date will not be listed and of State's records.
ARTICLE VI: Other provisions, if any.	is business is a home staging company.
reouired signature:	ni Hubbara
Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
/	hari Hubbard

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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