L1600037881

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL. |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

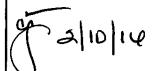




600280667486

01/06/16--01012--002 **160.00

16 FB -1 FB 3 51



COVER LETTER

,٤'

| TO: | Registration Section Division of Corporations | | |
|------------|--|---|----------------|
| oup m | com. | Elegant Decor, LLC | |
| SUBJE | | ne of Limited Liability Company | |
| The enc | losed Articles of Organization and | fee(s) are submitted for filing. | |
| Please r | eturn all correspondence concerni | g this matter to the following: | |
| | | Linda W. Lewis | |
| | | Name of Person | _ |
| | | Elegant Decor, LLC | |
| | | Firm/Company | _ |
| | | 3860 Long Grove Lane | |
| | | Address | - |
| | | Port Orange, FL 32129 | |
| | | City/State and Zip Code | _ |
| | | sisterlewislinda@aol.com | |
| | E-mail address: (t | be used for future annual report notification) | |
| For furthe | er information concerning this mat | er, please call: | |
| | Linda W. Lewis | 386 569-0109 at () | |
| | Name of Person | Area Code Daytime Telephone Number | |
| | d is a check for the following amo | | |
|]\$125.00 | Filing Fee \$130.00 Filing Certificate of 9 | | |
| | Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | 16 FEB -1 PH 3 |

Attention: Claretha Golden

Previous application filed under: Touch of Elegance, LLC

16 FEB - L AMIL: 48

16 FEB -1 FH 3 56



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2016

LINDA W. LEWIS 3860 LONG GROVE LANE PORT ORANGE, FL 32129

SUBJECT: TOUCH OF ELEGANCE, LLC

Ref. Number: W16000003868

We have received your document for TOUCH OF ELEGANCE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 016A00001290-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | LICED |
|--|--|--|---|---|
| The name of the Limited Liabil | ity Company is: | | | 16 FEB - 1 PH 3.56 |
| | | | | |
| | Elegant D | ecor, LLC | | TATE . |
| (Must end | with the words "Limited I | | "L.L.C.," or "LLC.") | Surrow (". Lumb) |
| ARTICLE II - Address: The mailing address and street | address of the principal off | ice of the Limited | Liability Company is: | |
| <u>Princi</u> | pal Office Address: | | Mailing Addı | r <u>ess</u> : |
| 3860 I | Long Grove Lane | | 3860 Long Grove | Lane |
| | range, FL 32129 | | Port Orange, FL 3 | |
| | | · | | |
| another business entity with an The name and the Florida street | t address of the registered a | | e | |
| | Florida street address | | | |
| | Port Orange | Florida | 32129 | |
| | City | State | Zip | |
| Having been named as registerea place designated in this certificate further agree to comply with the p am familiar with and accept the o | e. I hereby accept the appoint or ovisions of all statutes relablingations of my position as | ntment as registere ating to the proper | ed agent and agree to act and complete performan is provided for in Chapter | in this capacity. I ce of my duties, and I |

(CONTINUED)
Page 1 of 2

| BR" = Authorized Member R" = Manager MGR | Linda W. Lewis 3860 Long Grove Lane Port Orange, FL 32129 |
|---|--|
| R" = Manager MGR | 3860 Long Grove Lane |
| | 3860 Long Grove Lane |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| attachment if necessary) | |
| are inserted in this block does not meet the seffective date on the Department of State Other provisions, if any. | e applicable statutory filing requirements, this date will not be's records. |
| | |
| UIRED SIGNATURE: | da Fleure |
| | or an authorized representative of a member. |
| Signature of a member | or all authorized representative or a member. |
| This document is executed in a | accordance with section 605.0203 (1) (b), Florida Statutes. |
| This document is executed in a I am aware that any false inform | accordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State |
| This document is executed in a I am aware that any false inform | accordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S. |
| This document is executed in a I am aware that any false inform constitutes a third degree felony | accordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S. Linda W. Lewis |
| This document is executed in a I am aware that any false inform constitutes a third degree felony | accordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S. |
| This document is executed in a I am aware that any false inform constitutes a third degree felony | accordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S. Linda W. Lewis |