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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	)
(Ď	ocument Number)	
Certified Copies	Certificates o	f Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Simply Elegance Event Concierge.  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:
MARILIN WOOD
Name of Person
Firm/Company
1747 Injet St
Address
QUINCY, FL 32351
City/State and Zip Code  Simply elegance even + annual - com  - mail and est it (to be used for future annual report notification)
For further information concerning this matter, please call:
Marily Wood at 850, 728-5056  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  St60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALLEY TO DIST I - MAINE.	٨	RT	Ъ	LE	f -	Name	:
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The name of the Limited Liability Company is:

Simply Elegance Event Concierge, LLC
(Must ent with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
1747 Inlet St	1747 In 1et St	
QUINCY, FL 38351	QUINCY FL 3835	
<b>.</b>	٠,	

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:  MARIUN  WOO
1747 Inlet Street
Florida street address (P.O. Box NOT acceptable)  Our Hand State  City State  Zin

Having be ne 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 jumiliar 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

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ARTICLE IV- The name and address of each person	authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	CARDI A- Williams
MGR	5074 AAron Drive
MGR	MARILYN WOOD  THE FOR ST DUNG FL 32
	1747 Inter St, Quincy FL 32.
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
f an effective date is listed, the date must be e date of filing.)	ate of filing:
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	member or an authorized representative of a member.
This document is exellent any f	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State

Filing Fees:

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