## L17000 116 554

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

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SEGRETARY OF STATE ALLAHASSEE, FLORIO





## **COVER LETTER**

TO: New Filing Division of	Section Corporations		
SUBJECT:	Huage	Lifestyle	
<del>"</del>	Washe of Lim	ited Liability Company	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Joseph L	Name of Person	
	Hygge	Life Style Firm/Company	
<del></del>	3344 Cov	ona Village Wa	rej One 1 205
	(DXDD LA	Ob, FL, 32835 ty/State and Zip Code Heue 2004@ 9 for future annual report notification	mail-com
For further information	n concerning this matter, please	call:	
Losept.	Name of Person Ar	78U <u>229-20</u> rea Code Daytime Telephone	O O
Enclosed is a check f	for the following amount:		
\$125.00 Filing Fee	2130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address	Street Address	
	w Filing Section	New Filing Section	
	vision of Corporations D. Box 6327	Division of Corporation Building	ons
	llahassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

The name and address of each person author	rized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" ··· Manager A	Joseph Laffyur  8344 Corona Village Nay 205  Orlyndo Fla 37838
MGR	Rianca Lafleur 3344 (orona Village 205 Orlando Fla 32835
(Use attachment if necessary)	
(If an effective date is listed, the date must be specific the date of filing.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of S	filing: (OPTIONAL).  ic and cannot be more than five business days prior to or 90 days after  t the applicable statutory filing requirements, this date will not be listed a  State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	A
This document is executed I am aware that any false int constitutes a third degree fel	in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
Joseph	La Fleur Syped or printed name of signee

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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Must contain 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:  3344 Corona Village Way #205 Oplando Fla 32835 Orlando Fla 32835
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:
3344 Corona Village Way #205
richt at a than a North at the
City State Zip
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 Regul 's Signature (REQUIRED)  (CONTINUED)