

7/12/2019

Division of Corporation

Florida Department of State
Division of Corporation
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : I20150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ErinDaum@outlook.com

FLORIDA LIMITED LIABILITY CO.
Southern Dreams Staging LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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DIVISION OF CORPORATION
19 JUL 12 AM 7:35
TALLAHASSEE, FLORIDA

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JUL 15 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southern Dreams Staging LLC

(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:

Mailing Address:

9654 SW Southern Dreams Rd
Arcadia, FL 34269

9654 SW Southern Dreams Rd
Arcadia, FL 34269

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:

Derek Daum

Name

9654 SW Southern Dreams Rd

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

Arcadia

FL

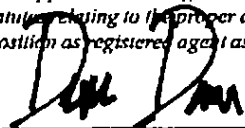
34269

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)

