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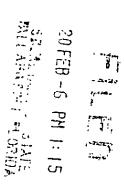
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	Sew Filing Sec Division of Co				
SUBJECT		en Interior Design, LLC.			
SOLULE	••	Name of Lin	nited Liabil	ity Company	
The enclos	sed Articles of	Organization and fee(s) are	e submitted	for filing.	
Please reti	ım all correspo	ondence concerning this ma	itter to the f	ollowing:	
	Paula Larser	1			
			Name of	Person	
	Paula Larser	Interior Design			
			Firm/Co	mpany	
	45 Village V	Valk Dr.			
			Addr	ess	
	Ponte Vedra	Beach, FL 32082			
	Paulamarie71		ity/State an	d Zip Code	
	1	E-mail address: (to be used	for future a	nnual report notificati	on)
For further	information co	ncerning this matter, please	e call:		
	Paula Larsen			234 3541	
	Nam		rea Code	Daytime Telephon	e Number
Enclosed i	is a check for t	he following amount:			
■\$125.00 Filing Fee		□\$130.00 Filing Fec & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		g Address		Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Paula Larsen Inter	ior Design, LLC.			
· · · · · · · · · · · · · · · · · · ·	onatin the words "Limited Lia	ability Company, "	L.L.C" or "LLC.")	
ARTICLE 11 - Address: The mailing address and stree	t address of the principal offi	ce of the Limited I	liability Company is:	
·	ipal Office Address:		Mailing Address:	
45 Village Walk I)r	45 Vi	45 Village Walk Dr	
			Ponte Vedra Beach, FL 32082	
The Limited Liability Compa	h, FL 32082 Agent, Registered Office, & any cannot serve as its own Registered Office, & any cannot serve as a serv	Registered Agent		
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	Agent, Registered Office, & any cannot serve as its own Romactive Florida registration.	Registered Agent Y	's Signature:	
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	h, FL 32082 Agent, Registered Office, & any cannot serve as its own Romactive Florida registration. The address of the registered agency Paula Larsen	Registered Agent Y	's Signature:	
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	h, FL 32082 Agent, Registered Office, & any cannot serve as its own Romactive Florida registration. The address of the registered agency Paula Larsen	Registered Agent egistered Agent. Y) gent are:	's Signature:	
ARTICLE III - Registered A	h, FL 32082 Agent, Registered Office, & any cannot serve as its own Romactive Florida registration. The address of the registered at Paula Larsen	Registered Agent. Y) gent are:	e's Signature: ou must designate an individual or	
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	Agent, Registered Office, & my cannot serve as its own Romactive Florida registration. The address of the registered agent Agent Larsen 45 Village Walk Dr	Registered Agent. Y) gent are:	e's Signature: ou must designate an individual or	

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.

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Meml "MGR" = Manager	ocr .
Paula Larsen	Paula Larsen
	45 Village Walk Dr
	Ponte Vedra Beach, Fl. 32082
	
on effective date is listed, the date in date in date in date of filing.)	nan the date of filing: February 1, 2020 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed a department of State's records.
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Paula m. Larsen
This document I am aware the	ure of a member or an authorized representative of a member. In this executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
Paula	Larsen
	Typed or printed name of signee
	Cilina Carr

<u>Filing Fees:</u>

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)