Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 : (941)625-1925

: (941)625-1526 Fax Number

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

bfraley67@gmail.com

## FLORIDA LIMITED LIABILITY CO.

## Furniture & Decor LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITIED LIABILITY COMPANY

Funiture & Desta LLC	
Furniture & Decor LLC  (Must contain the words "Limited Liabi	lity Company, "L.IC.," or "LLC.")
RTICLE II - Address: e mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10075 Kansas City St	10075 Kansas City St
Port Charlotte, FL 33981	Port Charlotte, FL 33981
RTICLE III - Registered Agent, Registered Office, & Ro	
the Limited Liability Company cannot serve as its own Regiother business entity with an active Florida registration.)  the name and the Florida street address of the registered ages	-
the Limited Liability Company cannot serve as its own Regiother business entity with an active Florida registration.)  e name and the Florida street address of the registered ages  Bryan Fraley	nt are:
the Limited Liability Company cannot serve as its own Region ther business entity with an active Florida registration.)  e name and the Florida street address of the registered agent	nt are:

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..

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

Port Charlotte

City

Bryan Fraley
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Furniture & Decor Encore LLC 12456 N Access Rd Stc A Port Charlotte, FL 33981
MGR	Bryan Fraley 10075 Kansas City St Port Charlotte, FL 33981
	<u> </u>
(Use attachment if necessary)	**************************************
E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does	be date of filing: 01/01/2021 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not truent of State's records.
E V: Effective date, if other than the ective date is listed, the date must of filing.)  the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any.	s not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not truent of State's records.
ective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart. E VI: Other provisions, if any. all lawful business  REQUIRED SIGNATURE:  Signature of This document is I am aware that an	s not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the lective date is listed, the date must of fiting.) If the date inserted in this block does the date inserted in the block does the lective date on the Department's effective date on the De	Bryan Frally  of a member or an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Florida Statutes.  ny false information submitted in a document to the Department of State in degree felony as provided for in s.817.155, F.S.