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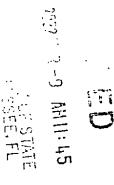
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PICK-UP WAIT MAIL
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## COVER LETTER

LLC

TO:

New Filing Section

Division of Corporat			
SUBJECT: Elegan	T House Name of Limi	Furniture a	nd KiTchen
The enclosed Articles of Organ	ization and fee(s) are	submitted for filing.	
Please return all correspondence	e concerning this matt	er to the following:	t
	Belal	Alhalab Name of Person	
	<u>.                                    </u>	Firm/Company	·····
• '		rive unit	#6
Tallahasse	e fl	y/State and Zip Code	
elegan.	address: (to be used	9ma() - (0 m r future annual report notification	un)
For further information concerni	ng this matter, please	call:	
Name of P	at (at (	ea Code Daytime Telephone	2 Number
Enclosed is a check for the following	owing amount:		
	130.00 Filing Fee & rtificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	7.\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ado New Filing S Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	- F	Ι.	N	 ۵.
	ĸ			-		 t- :

The name of the Limited Liability Company is:

Elogant House Furniture and Kitchen HC
(Oust contain the words "Ennited Liability Company, "L.I.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:			
2459 Mahan Drive unit#6 5	<del></del>		
tallahassee. Fl. 32308			
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 another business entity with an active Florida registration.)	or	; (sur	
The name and the Florida street address of the registered agent are:		تہ: ا	٠.,
Belal Alhalahi		9 <b>A</b>	its
2450 Mahan Drive unit#o		AH 11: 45	
Florida street address (P.O. Box <u>NOT</u> acceptable)		ណ្	
Tallahassee fl 32308			
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.

(CONTINUED)

istered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Belal Alhalabi 1459 Mahan Drive unitab Tallahassee, Fl. 32308
<u> </u>	
	MII: 45
	<b>5</b>
(Use attachment if necessary)	
an effective date is listed, the date must be date of filing.)  ote: If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be date of filing.)  ote: If the date inserted in this block does not document's effective date on the Department of the Department	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed a ent of State's records.
an effective date is listed, the date must be date of filing.)  ote: If the date inserted in this block does not document's effective date on the Department of the Department	specific and cannot be more than five business days prior to or 90 days afte of meet the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be date of filing.)  ote: If the date inserted in this block does not document's effective date on the Department of the Department	specific and cannot be more than five business days prior to or 90 days afte of meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
an effective date is listed, the date must be date of filing.)  ne: If the date inserted in this block does not document's effective date on the Department TICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is exercised and aware that any forms.	specific and cannot be more than five business days prior to or 90 days afte of meet the applicable statutory filing requirements, this date will not be listed ent of State's records.

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)