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(Requestor's Name)	
(Address)	0
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

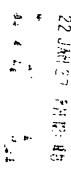
Office Use Only

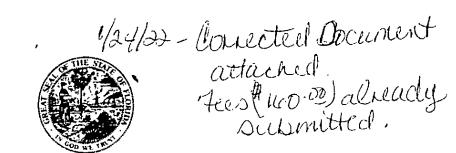
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Letter Number: 422A00001057

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2022

STEPHANIE D. MORELAND 2713-82ND AVENUE EAST ELLENTON, FL 34222

SUBJECT: STEPHANIE'S SELECTION, LLC.

Ref. Number: W22000004605

We have received your document for STEPHANIE'S SELECTION, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list street address for principal place of business.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

TO DOM (1007 TO 11 1 TH 11 0001

ARTICLES OF ORGANIZATION FOR FLORIDA L'AMITE ALIABILITY COMPANY

Stephanie's Se	lections, LLC.		
(Mu	st contain the words "Limited Liabili	ty Company, "	Thine, or Table.
ARTICLE II - Address: The mailing address and s	street address of the principal office o	f the Limited I	Liability Company is:
<u>P</u>	rincipal Office Address:		Mailing Address:
		27.1	-82nd Avenue East
Stephanie's Se	lections .	2/13-	-62Hd Avende Dust
(The Limited Liability Co	RANG FARLURE FAST 140Y H 34222 red Agent, Registered Office, & Registered Street own Registered Registered Street own Registered Street own Registered Street own Registered Street own Registered R	Elleni Listered Agen	ton, Florida 34222 t's Signature:
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, & Registered agent and registered agent street address of the registered agent	Ellent gistered Agent tered Agent. Y	ton, Florida 34222 t's Signature:
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, & Registered Office, & Registered agent and active Florida registration.) street address of the registered agent Stephanie D. Moreland	Ellent gistered Agen tered Agent. Y	ton, Florida 34222 t's Signature:
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, & Registered Office, & Registered agent and active Florida registration.) street address of the registered agent Stephanie D. Moreland Name	Ellent gistered Agen tered Agent. Y	ton, Florida 34222 t's Signature:
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, & Registered Office, & Registered agent and active Florida registration.) street address of the registered agent Stephanie D. Moreland	Ellent gistered Agen tered Agent. Y are:	ton, Florida 34222 t's Signature: You must designate an individual or
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, & Registered Office, & Registered agent and active Florida registration.) street address of the registered agent Stephanie D. Moreland Name 2713-82nd Avenue East	Ellent gistered Agen tered Agent. Y are:	ton, Florida 34222 t's Signature: You must designate an individual or

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Stephanie D. Moreland (Use attachment if necessary) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. None REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.

Filing Fees:

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)