

L22000 174891

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

*T. Scott*  
T. SCOTT

APR 28 2022



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01/06/22--01022--007 \*\*160.00

22 JAN 27 PM 10:46



1/24/22 - Corrected Document  
attached.  
Fees (\$160.00) already  
submitted.

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

Letter Number: 422A00001057

2022 JAN 27 11:20:58

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stephanie's Selections, 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:

Stephanie's Selections

2713-82nd Avenue East

PM 2713-82nd Avenue East  
Ellenton FL 34222

Ellenton, Florida 34222

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:

Stephanie D. Moreland

Name

2713-82nd Avenue East

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

Ellenton Florida 34222

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.*

Stephanie D. Moreland

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JUN 27 4:12 PM  
JUL 1 2007  
JUL 1 2007

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Stephanie D. Moreland

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/01/2022. (OPTIONAL)

(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:**

Stephanie D. Moreland

Signature of a member or an authorized representative of a member.

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

Stephanie D. Moreland

Typed or printed name of signee

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)