

122000924226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

122000036694

Office Use Only



600382730376

09/13/22--01008--071 \*\*105.00

2022/12/14 11:10:06



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 MAY 24 PM 1:51

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

March 21, 2022

MICHAELA GORMAN  
129 CIRCLE DR  
PANAMA CITY BEACH, FL 32413

(ADD # OR WORD)

SUBJECT: THE ETHEREAL HOME LLC  
Ref. Number: W22000036694

~~THE~~ ETHEREAL HOME <sup>THEATRE</sup> LLC

We have received your document for THE ETHEREAL HOME LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is ~~L2000036694~~ L20000391318

Please return 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.

Karen Lovelace  
Regulatory Specialist II

Letter Number: 822A00006591

\*MAIL BACK IN

I CANNOT FIND A NAME CONFLICT LISTED ONLINE (INCLUDING THE ONE LISTED HERE & GIVEN TO ME OVER THE PHONE) IF THERE IS NOT A CONFLICT PLEASE FIVE WITH THE DESIGNATED NAME LISTED ON THIS FORM. OTHERWISE, PLEASE SEE ATTACHED - MICHAELA GORMAN

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ~~The Ethereal Home LLC~~ The Ethereal Home Interiors LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michaela Gorman

Name of Person

~~The Ethereal Home LLC~~ The Ethereal Home Interiors LLC.  
Firm/Company

129 Circle Dr.

Address

Panama City Beach, FL 32413

City/State and Zip Code

theetherealhome@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michaela Gorman 615 512-9176  
Name of Person at ( ) Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Ethereal Home LLC THE ETHEREAL HOME INTERIORS 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:

129 Circle Dr  
Panama City Beach, FL 32413

129 Circle Dr.  
Panama City Beach, FL 32413

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.)

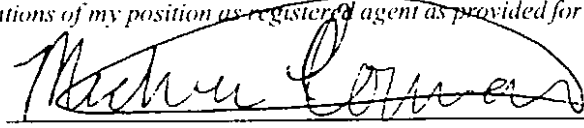
The name and the Florida street address of the registered agent are:

Michaela Gorman  
Name

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

<u>Panama City Beach</u>	<u>FL</u>	<u>32413</u>
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.*

  
Registered Agent's Signature (REQUIRED)

(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 Member

"MGR" = Manager

AMBR

Michaela Gorman

129 Circle Dr.

Panama City Beach, FL 32413

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

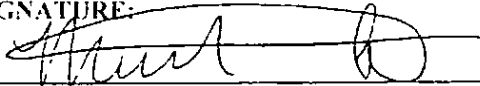
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**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.

Michaela Crisco Gorman

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)

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12