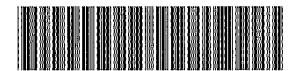
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(Requestor's Name)
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DUST TALL STATE ST

SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporation					
SUBJECT:	n cate (Name)	Carpert Conf Limited Liability Con	mpany)	Design	LLC
The enclosed Articles of Or			_		
Scott	Name of Person)	1	_		
Intricate	Carperts Firm/Company)	ng & Desig	<u>^</u> (
`	,,	t/			
Tallahassee	FL 32 City/State and Zip Co	31 >de)	 -		
For further information con	cerning this matter,	please call:			
Scott L	Raj	at (<u>\$570</u> (Area Code 8	J_443	5-4614	
(Name of I	'erson)'	(Area Code &	& Daytime Tel	ephone Number)	
Enclosed is a check for the follow	ving amount:				
□ \$125.00 Filing Fee □ \$130 Cer	0.00 Filing Fee & tificate of Status	☐ \$155.00 Filing Certified Copy (additional copy is		\$160.00 Filing F Certificate of St Certified Copy (additional copy is e	atus &
STREET ADDRE				ADDRESS:	
Registration Section Division of Corporation	ations	• –		Corporations	
409 E. Gaines Street			P.O. Box 63	327	

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Inflicate	Carpertay &	Design	LLC
ARTICLE II - Add The mailing address		rincipal office of the Lin	nited Liability Company is:
Principal Office A	ddress:	Mailing Add	ress:
9544 Bud Tullahassee	the Gust	9544 Bu Tullahusu	uck Haven Tr
ARTICLE III - Re	gistered Agent, Registered	l Office, & Registered	Agent's Signature:
The name and the Florida street address of the registered agent are: Scott Le P Name			SECRETAL TALLAHAS
	9544 Buck Florida street address (P.C Talkhassca	Heren Tr O. Box <u>NOT</u> acceptable)	ED RY OF STA SEE, FLOO

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 608, F.S..

Registered Agent's Signature

(CONTINUED)

	/- Manager(s) or Man address of each Mana	naging Member(s): ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Mai	nager	Name and Address:
"MGRM" = N	lanaging Member	#
_M6RM	1	Scott LeRay 9549 Buck Have T/ Tallahassec FL 32317
	•	
		
NOTE: An a		t be added if an effective date is requested.
REQUIRED	SIGNATÚŘE:	
	Signatura di a men	nber of an authorized representative of a member.
	(In accordance with	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury herein are true.)
		Filing Fees:
		\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent
		\$ 30.00 Certified Copy (Optional)
		\$ 5.00 Certificate of Status (Optional)