

L05000034565

Florida Department of State
Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)205-0383

From:
 Account Name : PARCORP SERVICES, LTD.
 Account Number : I19990000011
 Phone : (800)603-2533
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FILED
2005 APR -8 AM 8:53
TALLAHASSEE, FLORIDA

RECEIVED
05 APR -8 PM 12:30
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

SIGNATURE FOLIAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SIGNATURE FOLIAGE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

255 GALEN DRIVE #3K
KEY BISCAVNE, FL 33149

Mailing Address:

255 GALEN DRIVE #3K
KEY BISCAVNE, FL 33149

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

AIMARA ALFONSO
Name

255 GALEN DRIVE #3K
Florida street address (P.O. Box NOT acceptable)

KEY BISCAVNE, FL 33149
City, State, and 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 608, F.S..



Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

JASON L. MEADE
255 GALEN DRIVE #3K
KEY BISCAVNE, FL 33149

MGRM

AIMARA ALFONSO
255 GALEN DRIVE #3K
KEY BISCAVNE, FL 33149

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID L. SURINA, ORGANIZER

Typed or printed name of signer

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)

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