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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 19 P.H 12:3

C. LEWIS

SEP 2 0 2011

EXAMINER

COVER LETTER

Registration Section

PIARSON OF	Corporations		
SUBJECT. Fire(Cast Designs, LLC		
SUBSECT:		d Liability Compa	any
The enclosed Articles	of Organization and fee(s) are su	ubmitted for filing	3 .
	spondence concerning this matte		
<u>Teri</u> Jen	ison		
		Name of Person	
FireCas	t Designs, LLC		
		Firm/Company	
3716A I	nterstate Park Rd. N	l.	
		Address	
West Palr	n Beach, FL 33404		
		State and Zip Code	;
bradjeniso			
	E-mail address: (to be used for	_	ort notification)
For further informatio	n concerning this matter, please of	call:	
Teri Jenison		_{at (} 561	744-6632
Nam	e of Person		& Daytime Telephone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle ee. FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
FireCast Designs, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
5	
Principal Office Address:	Mailing Address:
FireCast Designs, LLC	same
3716A Interstate Park Rd. N.	
West Palm Beach, FL 33404	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are: SECRETARY SECRETARY
Teri Jenison	AR SE
Name	SEP 19 CRETAIN
17549 Bridle Lane	SSEE 9 L

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..

FL 33478 City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

Jupiter

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"MGR" = Manager		SECRETARY OF TALLAHASSEE, F
"MGRM" = Managing Member		IMPLEMENTS SEE, F
mgr	Teri Jenison	
	17549 Bridle Lane	
	Jupiter, FL 33478	
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		· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)		
•	data of Elizar	(ODTION A
LE V: Effective date, if other than the	date of filing:	(OPTIONA
(Use attachment if necessary) LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)	date of filing: specific and cannot be more	(OPTIONA than five business day
LE V: Effective date, if other than the offective date is listed, the date must be	date of filing: specific and cannot be more	(OPTIONA than five business day
LE V: Effective date, if other than the offective date is listed, the date must be	date of filing: specific and cannot be more	(OPTIONA than five business day
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LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)	date of filing:e specific and cannot be more	(OPTIONA than five business day
LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	date of filing: specific and cannot be more for an authorized representative	than five business day
CLE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608.)	specific and cannot be more or an authorized representative (408(3), Florida Statutes, the execution	than five business day of a member. on of this document
LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608, constitutes an affirmation under	specific and cannot be more	than five business day of a member. on of this document s stated herein are true.

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)

Typed or printed name of signee