

L/2000094190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

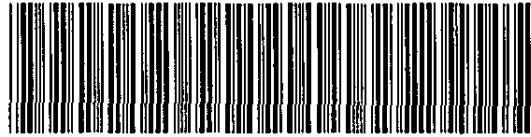
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700237425657

07/20/12--01003--025 \*\*160.00

...LECTIVE DATE

07/20/12

RECEIVED

12 JUL 20 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12 JUL 20 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 20 2012

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Signature Home Concepts 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:

Todd Vowell  
Name of Person

\_\_\_\_\_  
Firm/Company

3020 N. Fulmer Cir.  
Address

Tallahassee, FL 32303  
City/State and Zip Code

ValTechflooring@yahoo.com  
E-mail address: (to be used for future annual report notification)

FILED  
12 JUL 20 PM 3 11  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Todd Vowell at (850) 294-4314  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
12 JUL 20 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Signature Home Concepts LLC

(Must end with 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:**

3020 N. Fulmer Cir  
Tallahassee, FL 32303

**Mailing Address:**

3020 N. Fulmer Cir  
Tallahassee, FL 32303

**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.)

**EFFECTIVE DATE**


07/20/12

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

Todd Vowell  
Name

3020 N. Fulmer Cir.  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32303  
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 (REQUIRED)

(CONTINUED)

**FILED**  
12 JUL 20 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Todd Vowell  
3020 N. Fulmer Cir  
Tallahassee, FL 32303

MGRM

Isham Sheffield Jr.  
5504 Green Meadows Ct  
Tallahassee, FL 32303

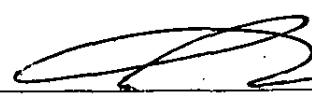
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7-20-12 (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.)

**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. 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.)

Isham Sheffield Jr.  
\_\_\_\_\_  
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)