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(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
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DEPARTMENT OF STARL OVERSON OF STARL OF

2013 FEB 20 AM #1 50

J. SAULSBERRY EXAMINER

FEB 20 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CUSTOM IMage Construction 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:
William letts
Custom Image Construction LLC
3091 Adking forest Ln
Tallahassel, Tl 32311
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (\$50) 294 -5403  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$\square\$ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Custom Image Cohstruction 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:  309   Alkins forest in tall a no see of the 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:
Florida street address (P.O. Box NOT acceptable)  Tollahaskle FL 3 231)  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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Julian Letts 3091 Adkins forestin tallahassee, FC 32311
	2013 FEB 20 PATE AT COMPANY OF THE PATE O
·	AMIL 50
(Use attachment if necessary)	
LE V: Effective date, if other the effective date is listed, the date of fine or 90 days after the date of fine effective.  REQUIRED SIGNATURE:	than the date of filing: (OPTIONAL)  te must be specific and cannot be more than five business data  ling.)
REQUIRED SIGNATURE:	M 18/2
Signature of a	When he are authorized representative of a member
(In accordance with sec constitutes an affirmation I am aware that any fals	a member or an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State per felony as provided for in s.817.155, F.S.)  Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)