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(Re	equestor's Name)		
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(Cit	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nam	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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DIVISION OF CORPORATIONS

13 APR 29 AM 9: 55

APR 3 0 2013

T. HAMPTON

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	End	less Forest Pu	ublisher		
SUBJE	.CI:		ed Liability Com	pany	
The end	closed Articles o	of Organization and fee(s) are	submitted for filin	ng.	
Please	return all corres _l	pondence concerning this matt	er to the followin	ıg:	
	Judith I	3. Smallwood			
			Name of Person		
	Endles	s Forest Publi	sher		
	,		Firm/Company		
			Address		
	11065	49th Street No	- ·		
		Cit	y/State and Zip Co	kde	
-		E-mail address: (to be used	for future annual re	port notification	
For furt	ther information	concerning this matter, please	call:		
Juc	dith B. S	Smallwood	_at (561	⁵¹⁴⁻	1283
	Name	of Person		de & Daytime T	elephone Number
Enclos	ed is a check f	or the following amount:			
⊒\$ 125.	00 Filing Fcc	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Fil Certified C (additional ∞	_	□ \$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	Registra Divisio Clifton 2661 E	Courier Address ation Section on of Corporati Building xecutive Centers assee, FL 3230	ons er Circle



RECEIVED

13 APR 15 AM 6: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 28, 2013

JUDITH B SMALLWOOD 11065 49TH ST NORTH ROYAL PALM BEACH, FL 33411

SUBJECT: ENDLESS FOREST PUBLISHER LLC

Ref. Number: W13000018075

We have received your document for ENDLESS FOREST PUBLISHER LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by the name of IDEAL CUSTOM HOMES. The name of the registered agent must be the same as listed on our database for the corporation/fictitious name listed.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 713A00007371



RECEIVED

13 APR 29 AM 6: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 16, 2013

JUDITH B SMALLWOOD 11065 49TH ST NORTH ROYAL PALM BEACH, FL 33411

SUBJECT: ENDLESS FOREST PUBLISHER LLC

Ref. Number: W13000018075

We have received your document for ENDLESS FOREST PUBLISHER LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 913A00009106

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	DТ	CI	F 1	r _ 1	Nam	
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The name of the Limited Liability Company is:

Endless Forest Publisher 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:	Mailing Address:		
11065 49th Street North	11065 49th Street North		
Royal Palm Beach, Florida 33411	Royal Palm Beach, Florida 33411		

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.)

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

Ideal Custom Homes

The Custom Homes

Name

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

West Rim Beach, Florida, 33412 33412.

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)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

Title:		Name and Address:
	" = Manager	
"MGK	" = Managing Member	
MGMR		Judith B. Smallwood
		11065 49th Street North
		Royal Palm Beach, Florida 33411
	 	
		
ICLE V:	Effective date, if other than	the date of filing: (OPTIONAL)
		ust be specific and cannot be more than five business
r to or 90	days after the date of filing	.)
REQU	<u>JIRED</u> SIGNATURE:	
	1 with	R for M.
	Signature of a men	nber or an authorized representative of a member.
		200 400/0 Pt 11 0
	constitutes an affirmation ur	608.408(3), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true.
	constitutes an affirmation ur l am aware that any false int	ider the penalties of perjury that the facts stated herein are true. Ormation submitted in a document to the Department of State
	constitutes an affirmation or l am aware that any false int constitutes a third degree fel	der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
	constitutes an affirmation ur l am aware that any false int	der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
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	constitutes an affirmation or l am aware that any false int constitutes a third degree fel	der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) d Typed or printed name of signee
\$12	constitutes an affirmation ur l am aware that any false int constitutes a third degree fel Judith B. Smallwood	der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) d Typed or printed name of signee

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)