

L98000000329

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

400002457844--1
-03/16/98--01046--007
****285.00 ****285.00

SUBJECT: FAUX WORKS, L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50.

Please send one check for the total amount made payable to the Florida Department of State.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 16 PM 12:03

FROM: LINDA TURK
Name (Printed or typed)

21712 WAPFORD WAY
Address

BOCA RATON, FLORIDA 33486
City, State & Zip

561-367-1344
Daytime Telephone number

Name	3/17/98
Availability	DCC
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
P. Verifier	DCC

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAUX WORKS, L.C.

ARTICLE II - Address:

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

*21712 WAPFORD WAY
BOCA RATON, FLORIDA 33486*

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are

- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

*LINDA TURK
21712 WAPFORD WAY
BOCA RATON, FLORIDA 33486*

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
FAUX WORKS, L.C. deposes and says:

1) the above named limited liability company has at least two members

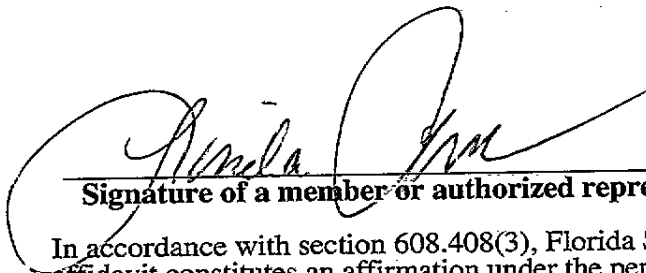
2) the total amount of cash contributed by the member(s) is

\$ 1,000.00

3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____
A description of the property is attached and made a part hereto.

4) the amount of cash or property anticipated to be contributed by member(s) is \$ 1000.00
This total includes amounts from 2 and 3 above.

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Signature of a member or authorized representative of a member.

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

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: FAUX WORKS, L.C.

2. The name and address of the registered agent and office is:

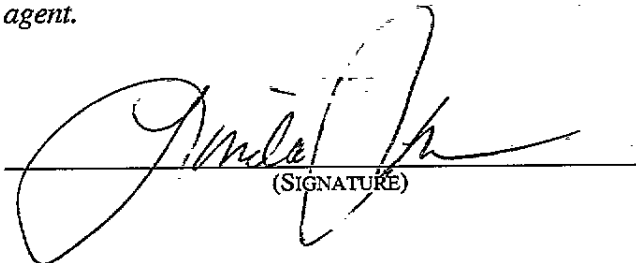
LINDA TURK
(NAME)

21712 WAPFORD WAY
(P. O. Box NOT ACCEPTABLE)

BOCA RATON, FLORIDA 33486
(CITY/STATE/ZIP)

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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.


(SIGNATURE)

3/3/98
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent