

L06000114251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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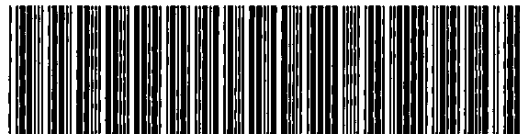
(Business Entity Name)

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EFFECTIVE DATE

11/13/06

11/20/06--01031--007 \*\*125.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV 20 PM 3:59

W06-50891  
J. BRYAN NOV 21 2006

J. BRYAN NOV 30 2006



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2006

ALICIA JOHANSEN-CEVERA  
ALICIA DRAGONFLY DESIGNS  
2621 NORDMAN AVENUE  
NEW SMYRNA BEACH, FL 32168

SUBJECT: ALICIA DRAGONFLY DESIGNS  
Ref. Number: W06000050891

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We have received your document for ALICIA DRAGONFLY DESIGNS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please list the complete principal's office address.

Please return 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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 906A00067788

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alicia DragonFly Designs  
(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:

Alicia Johansen-Cevera  
(Name of Person)

Alicia DragonFly Designs  
(Firm/Company)

2621 Nordman Avenue  
(Address)

New Smyrna Beach, Florida 32168  
(City/State and Zip Code)

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SECRETARY OF CORPORATIONS  
06 NOV 20 PM 3:59

For further information concerning this matter, please call:

Alicia Johansen-Cevera at ( 386 ) 426-2482  
(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Alicia's DragonFly Designs, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

2621 Nordman Avenue  
New Smyrna Beach, Florida 32168

#### Mailing Address:

2621 Nordman Avenue  
New Smyrna Beach, Florida 32168

### 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:

**EFFECTIVE DATE**  
11/13/06

David Casteel

Name

760 Oak Terrace

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

Orange City FL 32763

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

**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:**

MGR

Alicia Johansen-Cevera

2621 Nordman Avenue

New Smyrna Beach, Florida 32168

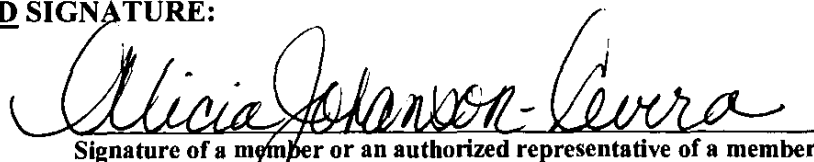
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DIVISION OF CORPORATIONS  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 13, 2006. (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.)

Alicia Johansen-Cevera

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)**