## F010000 39 103 svind briwteps Ofo Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) 000004736110-(Document #) (Corporation Name) Certified Copy Walk in ☐ Pick up time Certificate of Status ☐ Mail out ☐ Will wait ☐ Photocopy **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Name Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS ☐ Annual Report Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark DOC Other DCC

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Examiner's Initials

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DCC

CR2E031(7/97)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Fishhead Designz Ltd. Co.
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
4620 Eastwind Drive Plant City, FC 33567
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Ericca Hope mcDaniel
Florida street address (P.O. Box NOT acceptable)
Valrico FL 33567
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.
- Chica Hope Myanul
Registered Agent's Signature
Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is
therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
Cruca Hope Moniel SERY 2 T
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.)
Evicea Hope Medanie / Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

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