

**L02000003/20**



**TROPICAL SILKS**

P.O. Box 220060  
Glenwood, FL 32722

Office Use Only

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 FEB - 8 PM 12:14

FILED

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

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\*\*\*\*125.00 \*\*\*\*125.00

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 12, 2001

TROPICAL SILKS  
PO BOX 220060  
GLENWOOD, FL 32722

SUBJECT: TROPICAL SILKS  
Ref. Number: W01000028346

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02 FEB - 8 PM 12: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

In article I you must list the name of the LLC.,

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 201A00065338

Dec. 20, 2001

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02 FEB - 8 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fla Dept of State:

Sorry about the omission. This is not of  
TROPICAL SILKS. Tropical Silks is my sole  
proprietorship.

This is a new co-op Gallery.

Thanks,

Shirley  
Schoening





FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 28, 2001

GALLERY 142, LTD.  
142 S. WOODLAND BLVD., SUITE A  
DELAND, FL 32720

SUBJECT: GALLERY 142, LTD.  
Ref. Number: W01000028346

02 FEB - 8 PM 12:15  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for GALLERY 142, LTD. 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", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 801A00067471

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Gallery 142 ~~LLC~~ L.L.C.

## ARTICLE II - Address:

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

1425 Woodland Blvd, Suite A  
Deland FL 32720

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

HARRY LEE MESSERSMITH  
Name

726 N BOSTON AVE

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

DELAND - FL - FL - 32724  
City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

## 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)

  
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.)

SHERILL J. SCHOENING  
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)