

L020000 14859



C & C Design Emporium

May 24, 2002

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

100005621821--6
-05/28/02--01074--017
****130.00 ****130.00

To Whom This May Concern:

My name is Cassandra L. Thomas, General Partner
of C & C Design Emporium. My address is P.O. Box 57298
Jax., FL 32241-7298 and my daytime telephone number
is 800-443-6184 x46012.

Sincerely,

Cassandra L. Thomas

FILED
02 JUN 13 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

789, 623, 671

~~102-15779~~
6/4/02



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 31, 2002

CASSUNDREA L THOMAS
PO BOX 57298
JACKSONVILLE, FL 32241-7298

SUBJECT: C & C DESIGN EMPORIUM
Ref. Number: W02000015779

We have received your document for C & C DESIGN EMPORIUM and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 402A00035310

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02 JUN 13 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: C & C Design Emporium, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
P.O. BOX 57298 Jacksonville, FL 32241-7298

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

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

Cassundrea L. Thomas
 Name

11051 Barbizon Circle West.
 Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32257
 City, State, and Zip

FILED
 02 JUN 13 AM 11:40
 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.

Cassundrea L. Thomas
 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)

Cassundrea L. Thomas
 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.)

Cassundrea L. Thomas
 Typed or printed name of signer

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)