

L03000001401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

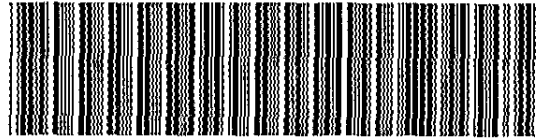
(Document Number)

Certified Copies _____

Certificates of Status _____

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F14-03

03 JAN 13 AM 10:45
F14-03

JUDITH A WORKMAN, P.A.
408 Old Trail Road
Sanibel, Florida 33957
Phone: (239)472-3225 Fax: (239)472-8660
Email: jworkmn@aol.com

January 8, 2003

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

Re: Murals by Connie, L.L.C.

Dear Sir/Madam:

Enclosed are the executed Articles of Organization for Murals by Connie, L.L.C., a Florida Limited Liability Company. We respectfully request that these be filed of record.

Also enclosed is a Check in the amount of \$130.00, in payment of fees as follows:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 5.00 Certificate of Status

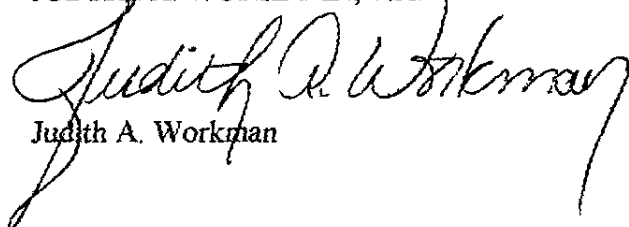
The name, address and telephone number of the signer of the Articles are:

Connie Tancredi
14501-113 Aeries Way Drive
Fort Myers, FL 33912
(239)768-3728

Thank you for your assistance with this matter.

Sincerely,

JUDITH A. WORKMAN, P.A.


Judith A. Workman

Enc.

FILED
03 JAN 13 AM 10:45
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
MURALS BY CONNIE, L.L.C

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
14501-113 AERIES WAY DRIVE
FORT MYERS, FLORIDA 33912

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

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

CONNIE TANCREDI

Name

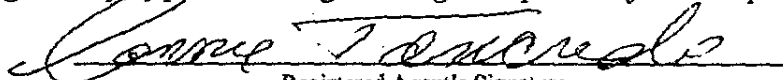
14501-113 AERIES WAY DRIVE

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

FORT MYERS, FL 33912

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

(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.)

CONNIE TANCREDI

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)

03 JUN 19 AM 10:45
FILED
CLERK OF COURT
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