

LO3 0000 17290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

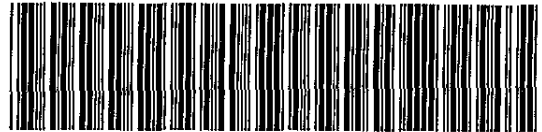
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400018678744

05/12/03--01039--013 \*\*130.00

FILED

03 MAY 12 AM 9:04

NOT JACOB L. LUGA

5/14  
[Signature]

VICTOR M. GARCIA

6219 Ashfield Place  
Wesley Chapel, Florida  
813-994-0473

Mr. Victor M. Garcia  
813-994-0473

Florida Department Of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Fla 32314  
(850) 245-6051

This Cover letter is for the Registration of Web  
Canvas Design LLC, and a certified copy.

Thank You,  
Victor M. Garcia  
Web Canvas Design  
May 5, 2003

FILED

03 MAY 12 AM 9:04

TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
Web Canvas Design LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
6219 Ashfield Place Wesley Chapel, Florida 33544

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

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

Victor M. Garcia

Name

6219 Ashfield Place

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

Wesley Chapel, FL 33544

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.)

Davalyn C. Garcia

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)

FILED  
03 MAY 12 AM 9:05  
TALLAHASSEE, FLORIDA