

L030000 18572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2003 MAY 22 AM 8:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W03-13456
J. BRYAN MAY 12 2003

J. BRYAN MAY 23 2003

May 2, 2003

To: Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
2003 MAY 22 AM 8:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

From: Cindy Malszycki
6795 Plantation Manor Loop
Ft. Myers, FL 33912
Business phone: 239-472-6551, extension 2
Home phone: 239-768-3534

Please accept my application and check for my Limited Liability Corporation.
Kindly send a letter of acknowledgment.

Thank you!

Sincerely,



Cindy Malszycki



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 12, 2003

CINDY MALSZYCKI
6795 PLANTATION MANOR LOOP
FT. MYERS, FL 33912

SUBJECT: CLM LLC
Ref. Number: W03000013456

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for CLM LLC and your check(s) totaling \$160.00. 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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 003A00029005

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLM-LLC

ARTICLE II - Address:

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

CLM-LLC

Interiors by Decorating Den
PO Box 1700

695 Tarpon Bay Rd #15
Sanibel Island, FL 33957

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

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

Cindy L. Malszycki
Name

6795 Plantation Manor Loop
Florida street address (P.O. Box NOT acceptable)

Ft. 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.

Cindy L. Malszycki
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

[Signature]
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.)

Cindy L. Malszycki
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)

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TALLAHASSEE, FLORIDA