

L03 0000 24914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

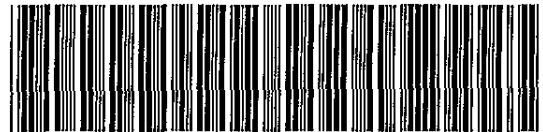
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

## Cover Letter

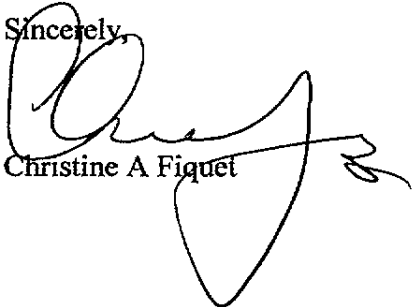
**6/28/03**

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

From: Christine A. Fiquet  
522 Sevilla Drive  
St. Augustine, FL 32086  
(904)814-7036

Please accept these documents for submission.

Sincerely,

  
Christine A Fiquet

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Go Write N Design, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine A Fiquet  
(Name of Person)

Go Write N Design, LLC  
(Firm/Company)

P.O. Box 860171  
(Address)

ST AUGUSTINE FL 32086-0171  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Fiquet at (904) 814-7036  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUL -2 PM 1:00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Go Write N Design, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

522 Sevilla Drive  
ST. AUGUSTINE  
Florida, 32086

#### Mailing Address:

P.O. Box 860171  
ST. AUGUSTINE  
Florida 32086-0171

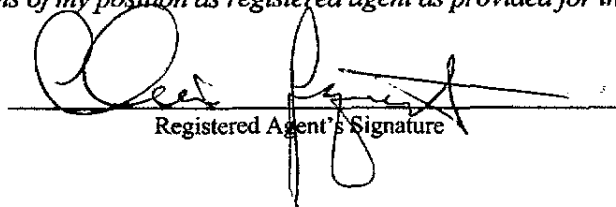
### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Christine A. Fiquet  
Name

522 Sevilla Drive  
Florida street address (P.O. Box **NOT** acceptable)  
ST AUGUSTINE FL 32086  
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

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Christine A. Fiquet  
522 Sevilla Drive  
ST AUGUSTINE FL 32086

\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

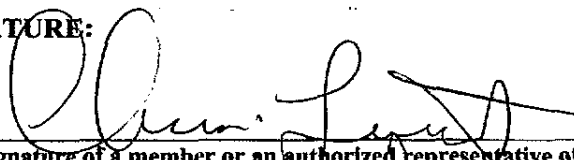
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED 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.)

Christine Fiquet  
\_\_\_\_\_  
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)