

L 04 0000 25400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

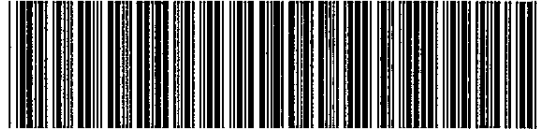
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/13/05 AM 9:22
CITIZENSHIP

458
ms

March 23, 2004

COMMERCIAL CANVAS
PO BOX 8395
MADEIRA BCH. FL. 33738

PHONE 727-399-0067
CELL- 727-6869176

CONTACT-- SHARON HANEY OWNER--

TO Whom it may concern:

Papers for LLC filinf are enclosed along with check I have already gotten my FEIN #s guess I did this backwards, but none the less I have these already-- daytime and 24hr contact # 727-686-9176

Physical Address 4645 95th st. north St Petersburg. Fl. 33708

Thankyou, Sharon Haney
Owner

A handwritten signature in cursive script, appearing to read "Sharon Haney", written in dark ink.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMERCIAL CANVAS 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:

SHARON HANEY
(Name of Person)

COMMERCIAL CANVAS LLC
(Firm/Company)

4645 95 TH. ST NORTH
(Address)

ST. PETERSBURG, FL 33708
(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON HANEY at (727-) 399-0067
(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

FILED IN REGISTRATION SECTION

04 MAR 25 AM 9:22

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMMERCIAL CANVAS LLC

ARTICLE II - Address:

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

Principal Office Address:

4645 95TH ST. NORTH

ST. PETERSBURG, FL.

33708

Mailing Address:

PO BOX 8395

MADEIRA BCH, FL.

33738

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

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

SHARON HANEY

Name

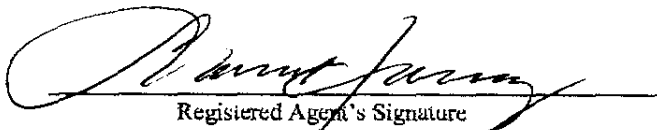
2602 54 TH ST. SOUTH

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

ST. PETERSBURG, FL. 33707 FLORIDA

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, Florida Statutes..


Registered Agent's Signature

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

SHARON HANEY

(Use attachment if necessary)

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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.)

SHARON HANEY
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)

Enclosed check