

L040000028566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

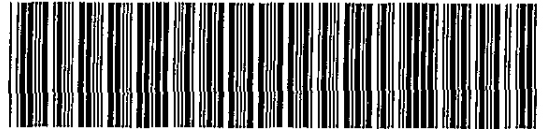
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900031666849

04/07/04--01027--006 **125.00

FILED
MAY 10 2004
TALLAHASSEE, FLORIDA

04 MAY 10 2004

L04-28566
al

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8:12 Designs
(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:

Lisha Dail
(Name of Person)

8:12 Designs
(Firm/Company)

P.O. Box 1402
(Address)

Silver Springs, FL 34489
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisha Dail at (352) 854-5110
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -7 PM 3:03

FILED

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

8:12 Designs, LLC

ARTICLE II - Address:

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

Principal Office Address:

7020 SW 15 Place

Ocala, FL 34474

Mailing Address:

P.O. Box 1402

Silver Springs, FL 34489

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

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

Lisha Dail

Name

7020 SW 15 Place

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

Ocala,

FLORIDA 34474

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

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

CO APR - 7 PM 3:03

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:

Lisha Dail MGR

7020 SW 15 Place

Ocala, FL 34474

(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.)



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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR - 7 PM 3:03

FILED