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(Requestor's Name)	
(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	
☐ PICK-UP ☐ WAIT ☐ MAIL	
(Business Entity Name)	
•	
(Document Number)	
•	
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07/26/04--01066--027 **160.00

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

I am forming an LLC, Destiny Designs. I am including a check for the amount of \$160.00. This check will cover the costs for: Filing Fee for Articles of Organization, Designation of Registered Agent, Certified Copy, and Certificate of Status.

My contact information is as follows:

Wendy Ellen Gingerich Destiny Designs, LLC 3727 Bond Place Sarasota, FL 34234 941.378.5494 941.356.0036 wginger@comcast.net

The best way to reach is primarily by phone, secondary by my snail mail address.

Sincerely,

Wendy Ellen Gingerich

enc:

Articles of Organization

Check

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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: DESTING DESIGNS, LLC. (Name of Limited Liability Company)
(Name of Difficed Diability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
·
WENDY EllEN GINGERICH
(Name of Person)
DESTING DESIGNS, LLC
(Firm/Company)
3727 BOND PLACE (Address)
(Address)
SARASOTA FL 34234
(City/State and Zip Code)
Par Carbon in Comments and a second of the s
For further information concerning this matter, please call:

STREET ADDRESS:

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

Registration Section

TO:

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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:		
DESTINY DESIGNS, LL	<u></u>	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
3727 BONO PLACE SARASOTA FL 34234	3727 BOND PLACE SARASOTA FL 34234	
ARTICLE III - Registered Agent, Registered Offi	ce, & Registered Agent's Signature:	
The name and the Florida street address of the registe	red agent are:	
WENDY EllEN GING	ERICH	
3727 BOND PLAC Florida street address (P.O. Box		
SARASOTA FL City, State, and Zip	34234 UL 26 D	
Having been named as registered agent and to accept liability company at the place designated in this certification registered agent and agree to act in this capacity. If a statutes relating to the proper and complete performancement the obligations of the proper and complete performancement the obligations of the proper and complete performancement.	ficate, I hereby accept the appointment	
accept the obligations of my position as registered ag	PORATION 33	

(CONTINUED)

Registered Agent's Signature

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

REQUIRED SIGNATURE:

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	WENDY EIJEN GINGERICH 3727 BOND PLACE SARASCIA FL 34234
(Use attachment if necessary)	
•	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.)

WENDY ELIEN GINGERICH
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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