

L04000093583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

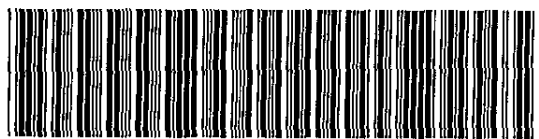
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/17/04--01015--007 **78.75

12/28/04--01007--023 **51.25

12/28/04
FILED
2004 DEC 28 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sp

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLORS EXPRESSED L.L.C.

(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:

PANSY JACOBS

(Name of Person)

COLORS EXPRESSED L.L.C.

(Firm/Company)

2600 21ST STREET N.W. #7

(Address)

WINTER HAVEN FL. 33882

(City/State and Zip Code)

For further information concerning this matter, please call:

PANSY JACOBS

(Name of Person)

at (863)

604 - 4885

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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TALLAHASSEE, FLORIDA

Attention: Lee River

I accidentally filed the wrong form for my Colors Expressed L.L.C. Enclosed is the correct form and the additional money to record this document. The document number assigned to me is W04000046247.

Thank you for your help per our phone call on 23, December 2004.

Respectfully,

Pansy Jacobs

Pansy Jacobs

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COLORS EXPRESSED L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

2600 21ST STREET N.W. #7
WINTER HAVEN FL 33881

Mailing Address:

SAME

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

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

PANSY JACOBS

Name

2600 21ST STREET N.W. #7

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

WINTER HAVEN FL 33881MGR

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.

Pansy Jacobs

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

PANSY JACOBS

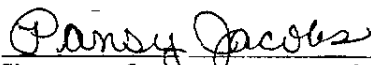
2600 21ST STREET N.W. #7

WINTER HAVEN FL. 33881

(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.)

PANSY JACOBS

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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