

LU5000017427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

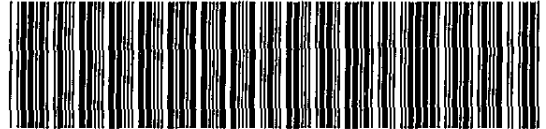
(Document Number)

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

Special Instructions to Filing Officer:

405A00012073

Office Use Only



800046620708

02/22/05--01002--003 \*\*160.00

RECEIVED  
05 FEB 21 PM 4:32  
FILED  
05 FEB 21 PM 4:37  
STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REFINED DESIGN SOLUTIONS 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:

DAVID J CASTRO II  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1505 W THABEE ST APT III  
(Address)

TALLAHASSEE FL 32303  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID J CASTRO at (850) 321-1978  
(Name of Person) (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

FILED  
05 FEB 21 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

REFINED DESIGN SOLUTIONS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1505 W THARPE ST APT III  
TALLAHASSEE FL 32303

1505 W THARPE ST APT III  
TALLAHASSEE FL 32303

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

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

DAVID J CASTRO II  
Name

1505 W THARPE ST APT III  
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32303  
City, State, and Zip

FILED  
05 FEB 21 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

**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:**

MGRM

DAVID J CASTRO II  
1605 W THARPE ST APT III  
TALLAHASSEE FL

MGRM

BRYAN D BROOKS  
2677 OLD BAINBRIDGE RD B  
TALLAHASSEE FL 32303

MGRM

PAMELA E CASTRO  
5084 ASHLEY LAKE DR APT 957  
BONITON BCH FL 33437

MGRM


WANDA ROBINSON  
6921 S.W. 24 CT Miramar, FL  
33023

(Use attachment if necessary)

see Attachment for additional members

**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.)

DAVID J CASTRO II  
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)

~~MGMH~~  
....,

MGRM -

DAVID R. WALLACE  
1327 HIGH ROAD APT(N3)  
TALLAHASSEE FL, 32303