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Director's Name)

SSN)

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State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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Entity Name)

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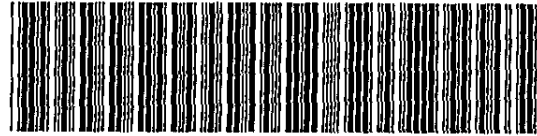
Certified Copies _____

Certificates of Status _____

Special Instructions to

Officer:

Use Only



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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 28,

CINDY F
2419 TA
HOLLYW
D, FL 33020

SUBJECT: IMAGE ARCHITECT
Ref. Num: W05000021587

We have received your document for IMAGE ARCHITECT and your check(s) totaling \$ CO. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your company must end with the words "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please resubmit your document, along with a copy of this letter, within 60 days or your document will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-0000.

Tammi Clifton
Document Specialist

Letter Number: 505A00029701

TRANSMITTAL LETTER

TO: ~~Registration~~ Section
Division of Corporations

SUBJECT: Image Architect
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please refer all correspondence concerning this matter to the following:

Cindy K French
(Name of Person)

(Firm/Company)

19 Taylor St
(Address)

Hollywood, FL 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy K French at (305) 342-9229
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed 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

ARTICLE I - NAME OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Imag architect, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2419 Taylor St
Hollywood, FL 33020

2419 Taylor St
Hollywood, FL 33020

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

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

Cindy K French
Name

2419 Taylor St
Florida street address (P.O. Box **NOT** acceptable)

Hollywood, FL 33020
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 laws relating to the proper and complete performance of my duties, and I am familiar with and understand the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature

(CONTINUED)

A **ARTICLE IV- Manager(s) or Managing Member(s):**
Ti Name and address of each Manager or Managing Member is as follows:

Ti **Name and Address:**

"M" = Manager

"M" = Managing Member

Mg	_____	Cindy K French
	_____	2419 Taylor St
	_____	Hollywood, FL 33020
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

(Use _____ if necessary)

NOT An additional article must be added if an effective date is requested.

REQ **ED SIGNATURE:**

Cindy K French
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.)

CINDY K FRENCH
Typed or printed name of signee

Fees:

\$125	filing Fee for Articles of Organization and Designation
	Registered Agent
\$ 30	Certified Copy (Optional)
\$ 5	Certificate of Status (Optional)

RECEIVED
JAN 15 1992
SECRETARY OF STATE
FLORIDA