Division of Corporations Public Access System

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oT:

Division of Corporations

: (850)205-0383 Fax Number

From:

: M. BURR KEIM COMPANY Account Name

Account Number : I19990000242 : (215)563-8113 Phone

Fax Number

: (215)977-9386

LIMITED LIABILITY COMPANY

FANTASTIC DESIGN GROUP, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR IT ORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	OK. FORDA IAMITED LEADERT I COMMAN	
The name of the Limited Liability Comp	pany is:	
FANTASTIC DESIGN GROUP, LLC		
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
511 Pullman Road, Suite C-7	511 Pullman Road, Suite C-7	
Edgewater, FL 32132	Edgewater, FL 32132	
511 Puliman Road, Su Florida s	Name site C-7 street address (P.O. Box <u>NOT</u> acceptable)	
Edgewater	FL 32132	
City	, State, and Zip	
llability company at the place designaregistered agent and agree to act in this of statutes relating to the proper and compaccept the obligations of my position.	and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of alplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S	
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M. BURR KEIM COMPANY

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robert Skelton
<u></u>	511 Pullman Road, Suite C-7
	Edgewater, FL 32132
**************************************	·
(Use attachment if necessary) NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
- Marie Company	
Signature of a mer	mber or an authorized representative of a member.
of this document or	n section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ed herein are true.)
Robert Skelton	
	Typed or printed name of signee .
Filing Fees:	
\$125.00 Filing Fee for Articles of O of Registered Agent	rganization and Designation

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