

W5000066482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

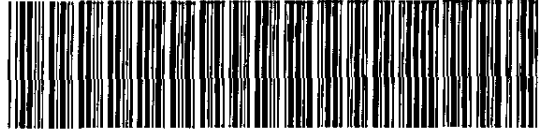
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FLC

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05 JUN 2005 11:18

LLC Filing Letter

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

Date: June 15, 2005

LLC Filings Office:

I enclose an original and one copy of the proposed Articles of Organization of Funds Hays Graphic Design LLC, a proposed domestic limited liability company.

Please file the Articles of Organization and return a certificate of formation, file-stamped copy of the original document or other receipt, acknowledgment or proof of filing to me at the address shown below my signature.

Payment for the required fees is enclosed.

Sincerely,

Signed:



Laura Lynne Funds
PO Box 271330 Tampa FL 33688
Telephone: 813 931-5711

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

Article I - Name:

The name of the Limited Liability Company is:

Funds Hays Graphic Design LLC

Article II - Address:

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

10002 Hampton Place, Tampa FL 33618

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

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

Laura Lynne Funds

Name

10002 Hampton Place Tampa FL 33618

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

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

Article IV - Manager(s) or Managing Members(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Laura Lynne Funds

PO Box 271330 Tampa FL 33688

MGRM

William Karl Funds

PO Box 271330 Tampa FL 33688

(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.)

Laura Lynne Funds

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)