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TALLAHASSEE, FLORIDA

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CWA

LAW OFFICE OF

NICHOLAS H. HAGOORT, JR., P. A.

WOOLBRIGHT CORPORATE CENTER

1901 S. CONGRESS AVENUE, SUITE 360

BOYNTON BEACH, FL 33426-6551

TELEPHONE: 561-369-1010

FAX: 561-369-1254

E-MAIL: nhagoort@cofs.net

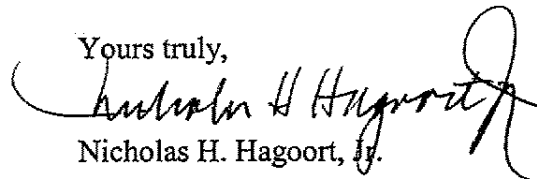
August 3, 2005

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Ladies and Gentlemen:

I enclose a Transmittal Letter and, for filing, Articles of Organization for **Conceptual Images, LLC**. A check in the amount of \$130.00 is enclosed to cover filing fee and one Certificate of Status.

Yours truly,



Nicholas H. Hagoort, Jr.

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TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Conceptual Images, 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:

Nicholas H. Hagoort, Jr
(Name of Person)

Nicholas H. Hagoort, Jr., P. A.
(Firm/Company)

1901 S. Congress Avenue, Suite 360
(Address)

Boynton Beach, FL 33426
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Nicholas H. Hagoort, Jr. at (561) 369-1010
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Conceptual Images, LLC

ARTICLE II - Address:

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

Principal Office Address:

7926 Sienna Springs Drive
Lake Worth, FL 33463

Mailing Address:

7926 Sienna Springs Drive
Lake Worth, FL 33463

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

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

Lloyd Fuller

Name

7926 Sienna Springs Drive

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

Lake Worth, FL 33463

FL

City, State, and Zip

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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 - MANAGERS OR MANAGING MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

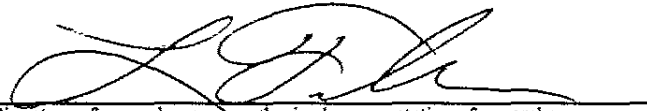
MGMR

Lloyd Fuller
7926 Sienna Springs Drive
Lake Worth, Florida 33463

MGMR

Roma Cravens
5345 Woods West Drive
Lake Worth, FL 33463

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.)

Lloyd Fuller

Typed or printed name of signee

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TALLAHASSEE, FLORIDA