Florida Department of State

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To:

Division of Comporations

Fax Number

: (850)205-0383

From:

Account Name : ACCOUNTING & BEYOND

Account Number : 119990000223 Phone : (813)998-9800

Fax Number

: (813)935-9982

DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

INNOVATIVE TEXTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

RTICLES OF	ORGANIZATION FOR F	LORIDA LIMITED LIABILI	ITY COMPANY
ARTICLE I - I	Name:		
The name of the	Limited Liability Company is	:	
	TEXTURES, LLC		
(Must end with the v	vords "Limited Liability Company, "Limit	ted Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II - The mailing ad		rincipal office of the Limited Liz	ability Company is
Principal Offic	e Address:	Mailing Address:	
10006 CROSS	CREEK BLVD.	10006 CROSSCREEK BLVD.	
TAMPA, FL 336		TAMPA, FL 33647	
(The Limited Liabili business entity with	ity Company cannot serve as its own Regi n an active Florida registration.)	d Office, & Registered Agent's stered Agent, You must designate an indivi	: Signature: dual or another
The name and t	he Florida street address of the	registered agent are:	
<u>;</u> :	DANIEL MONTILLA		
•	Name	•	200. Va
:	10006 CROSSCREEK	CBLVD.	DIVÎSION 2005 JAN
•	Florida street ac	kiress (P.O. Box NOT acceptable)	RR D
	TAMPA, FL 33647	· <u> </u>	- 7AF
:	City, State	, and Zip	DIVISION OF CORPO
Having been liability co	named as registered agent and to mpany at the place designated in	accept service of process for the this certificate, I hereby accept the	aboverstated limited

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 (REQUIRED)

(CONTINUED) Page 1 of 2

THE STATE OF THE PARTY OF THE P

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	tr en
MGR	DANIEL MONTILLA
	10006 CROSSCREEK BLVD.
į	TAMPA, FL 33647
MGRM	JOSE MONTILLA
MOLGI	10006 CROSSCREEK BLVD.
:	TAMPA, FL 33847
í	
}	
<u>.</u>	
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(Use attachment if necessary)	
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LEV: Effective date, if other t	han the date of filing: (OPTIONA
ffective date is listed, the date	must be specific and cannot be more than five business day
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ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of this document of this document of this document.	must be specific and cannot be more than five business day

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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