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(Requestor's Name)	
(Address)	1.00.000.000
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	





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COVER LETTER

Division of Co				
SUBJECT: CONCE	EPT DEVELOPMENT	WORKS. LLC		
		d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Donald Wu				
	(Name of Person)	····	
Concept De	evelopment Works,	LLC	*	
	(Firm/Company)		128
3421 N. La	akeview Drive Suit	e #168		SE T
		(Address)	TS:	77
Tampa, FL	_ 33618		in a	27 PH
	(City	/State and Zip Code)	0.5	<u></u>
For further information of	concerning this matter, please	call:	PA S	
Donald Wu		at (813) 265-395	5	
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160,00 Filing Certificate of Statu Certified Copy (additional copy is encl	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

derrotted of Ottore (fig. 1110) (1.0)		
ARTICLE I - Name:		TALLAH CARA
The name of the Limited Liability Compar	ny is:	AH C
CONCEPT DEVELOPMENT WORKS. LLC		Sec.
(Must end with the words "Limited Liability Company,"	"Limited Company" or their abbreviati	on "LLC," or "L.C."
		6
ARTICLE II - Address:		2
The mailing address and street address of t	the principal office of the Lin	nited Liability Co
Data simul Office Address.	3.6°. 11'	
Principal Office Address:	Mailing Address:	-
3421 N. Lakeview Drive Suite #168	3421 N. Lakeview Drive S	uite #168
Tampa, FL 33618	Tampa, FL 33618	
-		
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Wanda Sexton	Registered Agent. You must designate	
1	Name	-
13310 N. 56th Street		.
Florida stre	eet address (P.O. Box NOT accepta	ible)
Temple Terrace,	FL 33617	_
City, S	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 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

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	er Etc. 2
MGRM	Donald Wu 16922 Candeleda De Avila Tampa, FL 33613 David Wu 1105 Marquina De Avila
	16922 Candeleda De Avila
	Tampa, FL 33613
	TO
MGRM	David Wu OF
	1105 Marquina De Avila
	Tampa, FL 33613
MGRM	Van Chang
	Kan Chang 103 Harbor Dr.
	Palm Harbor, FL 34683
MGRM	Craig Delasin
	5400 Millbrook Way
	Palm Harbor, FL 34685
	than the date of filing:
REQUIRED SIGNATURE: Signature of a	a member or an authorized representative of a member.
	-
(In accordance	e with section 608.408(3), Florida Statutes, the execution

Filing Fees:

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

that the facts stated herein are true.)

Typed or printed name of signee