

L060000038600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

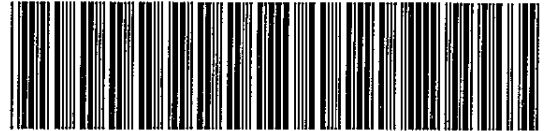
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

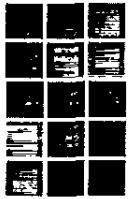


500070043645

04/11/06--01038--016 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 11 PM 4:14

J. BRYAN APR 14 2006



Structural Design Lab

#232
1650-302 Margaret Street
Jacksonville FL 32204-3869
F 904 981 8101
F 904 981 8102
E structural@bellsouth.net

FILED
SECRETARY OF CORPORATIONS
06 APR 11 PM 4:14

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

April 7, 2006

To Whom It May Concern:

Re: New LLC Registration
Holding No. W06000016566 – Form Inc.
Document No. P03000077866 – Structural Design Lab Inc.

I spoke to your department yesterday in regards to holding the name "Form Inc." as a name change to our current company name, Structural Design Lab Inc.. We also wished to reserve the name "Form Architecture", but understand that a corporation cannot have two names associated with it. What we would like to do, then, is use the name "Form" as the name of our new LLC and change our current corporate name to "Form Architecture Inc.". I am sending this notification to both departments, as the name "Form" was, again, initially reserved for our incorporated name.

If there are any questions regarding the changes as outlined above, please call us at the (904) 981 8101.

Thank you,

Patricia McQuaid

director
Structural Design Lab Inc.

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Form 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:

Patricia McQuaid
(Name of Person)

Structural Design Lab Inc.
(Firm/Company)

1617 Mallory Street
(Address)

Jacksonville, FL. 32205
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia McQuaid at (904) 981 8101
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 APR 11 PM 4:14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Form LLC.
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

1612 cherry street
Jacksonville, FL. 32205

Mailing Address:

#232
1650 - 302 Margaret St.
Jacksonville, FL. 32204

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Patricia McQuaid
Name
1612 cherry street
Florida street address (P.O. Box NOT acceptable)
Jacksonville FL 32205
City, 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..

P. McQuaid
Registered Agent's Signature (REQUIRED)

FILED
SECRETARY OF CORPORATIONS
06 APR 11 PM 4:14
DIVISION OF CORPORATIONS

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR.

Patricia McQuaid
1612 Cherry St.
Jacksonville, FL. 32205

MGR.

Antony Rieck
1612 Cherry St.
Jacksonville, FL. 32205

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Patricia McQuaid
Typed or printed name of signee

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)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 APR 11 PM 4:14