

L060000041893

(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:

RL UC

Office Use Only



200070323682

04/17/06--01034--004 **130.00

EFFECTIVE DATE
4/13/06

06 APR 17 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

4/19

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Impressions Fine Finishing, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

Ilica R. Carlton
705 Woodlawn Drive
Winter Springs, FL 32708

For Further information concerning this matter, please call: QD at QT.

Street Address:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:

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

ARTICLES OF ORGANIZATION

OF

FIRST IMPRESSIONS FINE FINISHING, LLC

EFFECTIVE DATE
4/13/06

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: First Impressions Fine Finishing, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 705 Woodlawn Drive, Winter Springs, Florida 32708.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

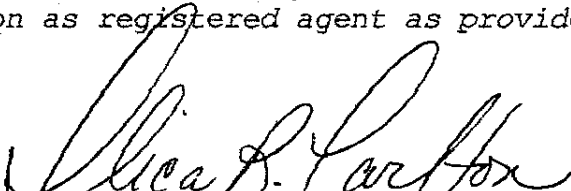
NAME

ADDRESS

Ilica R. Carlton

705 Woodlawn Drive
Winter Springs, FL 32708

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.


Ilica R. Carlton

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 17 PM 4:54

APPROVED
AND
FILED

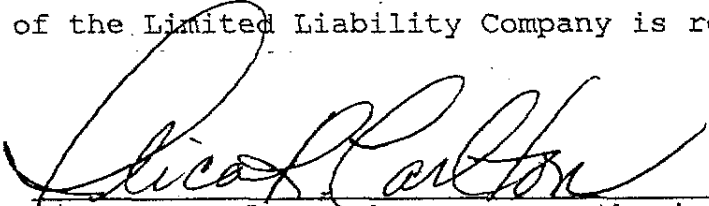
ARTICLE IV - MANAGEMENT

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

<u>Title:</u>	<u>Name and Address:</u>
Manager	Ilica R. Carlton 705 Woodlawn Drive Winter Springs, FL 32708

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be April 13, 2006.



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.)

Ilica R. Carlton
Printed name of signee

Filing Fees:

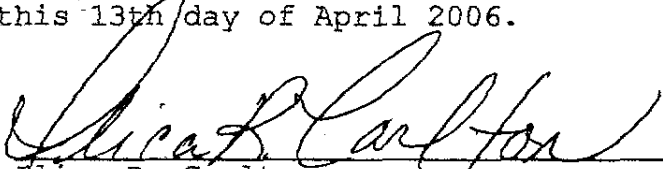
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 17 PM 4:54

APPROVED
AND
FILED

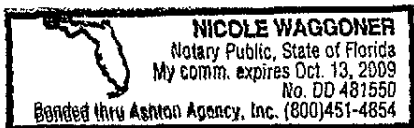
IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 13th day of April 2006.



Illica R. Carlton

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 13th day of April 2006, by Illica R. Carlton, who is personally known to me or who has produced driver's license as identification and who did take an oath.

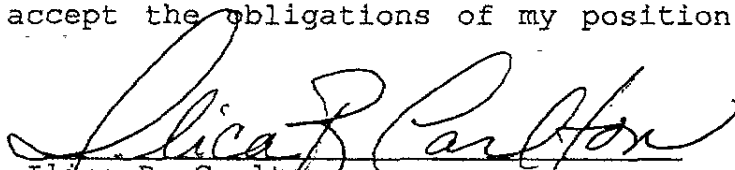
FL DL # C643-416-71-749-0




Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.


Illica R. Carlton

DATE: April 13, 2006

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 17 PM 4:54

APPROVED
AND
FILED