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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

то:	Registration Section Division of Corporations			
SUBJE	ECT: FLAMINGO	GRAD ame of Limite	has Lic ed Liability Company)	
The en	closed Articles of Organization a	nd fee(s) are s	submitted for filing.	
Please	return all correspondence concer	ning this matt	er to the following:	
	Joseph C. [	)ENISC	o <i>∧</i>	
		(	(Name of Person)	
	Denison Aud	Denisò	(Firm/Company)	
			(Firm/Company)	
,	1621 Deer	TRACT	Road	
			(Address)	
	OPELIKA	AL	3680 /	
		(City	/State and Zip Code)	
For furt	ther information concerning this	matter, please	call:	
$_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{$	Seph Den 150~ (Name of Person)		at ( <u>334</u> ) <u>742</u> -	on a S elephone Number)
Enclos	ed is a check for the following	g amount:		
\$125	.00 Filing Fee \$\int \\$130.00 F Certificate o		\$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

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SECRETARY OF STATE ONVISION OF CORPORATIONS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLAMIN GO	GRAPHICS	LLC				
(Must end with the words "Lin			ıy" or their abbr	eviation "LLC,"	or "L.C.,")	
ARTICLE II - Address an		e principal o	office of the	Limited Lia	ability Compa	any is:

rincipal Office Address:	Maning Address:
ANTE GOOMALIOH NN 10/	101 NW HOllywood BLUD
FORT WALTON BEACH FL	FORT WALTON BRACH FL
37248	32548

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:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ds.	ARK R	Sey nold	<u>s</u>	
		Name		
101	NORTH W	est Ho	lly WOOD	BLUD
				OT acceptable)
FORT	MALTON	Be ACH FI	3254	8
	City	, State, and 2	Cip	

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, ES.

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:

MORM	MARK Rey NOIRS  101 NW HOTTYWOOD BLUD  FORT WALTON BOACH FL, 32548
MGRM	ELESBETH M. Rey wolds 101 NW HOTIVWOOD BLUD. FORT WALTOW, BEACH FL 3254
<del></del>	
(Use attachment if necessary)	<u> </u>
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTION must be specific and cannot be more than five business dates

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.)

Pey ~ 0 1 ds
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)