

LOG0000070680

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(Address)

(City/State/Zip/Phone #)

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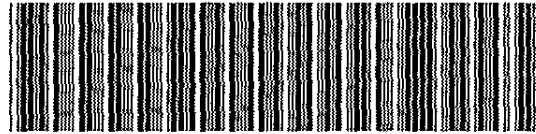
(Business Entity Name)

(Document Number)

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RECEIVED
06 JUL 17 AM 11:15 FILED
2006 JUL 17 AM 11:26
TALLAHASSEE, FLORIDA
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

FILED
2006 JUL 17 AM 11:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: FIRST Impression L.L.C.
(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:

JANE WATTS

(Name of Person)

(Firm/Company)

1261 YEARLING TRAIL

(Address)

TALLAHASSEE, FLORIDA 32317

(City/State and Zip Code)

For further information concerning this matter, please call:

JANE WATTS

(Name of Person)

at (850) 942-0727

(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

2006 JUL 17 AM 11:26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIRST IMPRESSIONS L.L.C.
(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:

Mailing Address:

2561 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL. 32308

SAME

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:

Antoinette McDonald
Name

1334 Lawndale Rd.
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32317
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..

Antoinette McDonald
Registered Agent's Signature (REQUIRED)

FILED

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

The name and address of each Manager or Managing Member is as follows: 2006 JUL 17 AM 11:26

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MGR

JANE WATTS

1261 YEARLING TRAIL

TALLAHASSEE, FL. 32317

MGRM

KARL WATTS

1261 YEARLING TRAIL

TALLAHASSEE, FL. 32317

(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.)

JANE WATTS

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)