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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Hiling Officer:	

Office Use Only



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SECRETARIST FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor				
	INTERI	OR CUSTOM DESIG	NS LLC		
SUBJ	ECT: INTERIOR		Liability Company)		
The en	closed Articles of	f Organization and fee(s) are su	abmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
	RALPH GI	BILISCO			
			Name of Person)		- -
	INTERIOR	CUSTOM DESIGNS	S, LLC		
		(1	Firm/Company)		
	1155 19Th	I STREET			
		. /- //	(Address)		
	VERO BE	ACH, FLORIDA 32	2960		
			State and Zip Code)		к [*] ′
For fu	rther information	concerning this matter, please	call:		
LILA	WEAVERLI	NG	st (772) 564-747	4	
		of Person)	at (772) 564-7474 (Area Code & Daytime Te	elephone Number)	~ <u>~</u>
Enclo	sed is a check fo	or the following amount:			
□ \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
INTERIOR CUSTOM DESIGNS, LLC	
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1155 19TH STREET	1155 19TH STREET
VERO BEACH, FL. 32960	VERO BEACH,FL.32960
business entity with an active Florida registration.) The name and the Florida street address of the r RALPH GIBILISCO Name 511 18TH STREET	21 PH 1: 0 21 PH 1: 0 ASSEE, FLORE
Florida street add	lress (P.O. Box NOT acceptable)
VERO BEACH	FL 32960
City, State, a	and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's \$ignature (REQUIRED)

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

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	RALPH GIBILISCO
	511 18TH STREET
	VERO BEACH, FL. 32960
-	
(I is attachment if necessary)	
ffective date is listed, the date mus	the date of filing: (OPTIO) st be specific and cannot be more than five business of
LE V: Effective date, if other than fective date is listed, the date must	
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with of this document commendation)	st be specific and cannot be more than five business of

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)