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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
<u> </u>		<u></u>
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
	I/A	•

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SECRETARY OF STATE
ALLACASES EL COLO

COVER LETTER

TO:	Registration Se Division of Co.			
SUBJE	ccr: <u>LeTiec</u>	oq Designs, LLC	A Linkiller Common)	
		(Name of Limited	d Liability Company)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	Rebecca	G. Arter	22	
		(Name of Person)	
	LeTiecq D	esigns, LLC		
		(Firm/Company)	2001 SEC SEC
	2030 S. [Douglas Road, #8	308	2001 FEB SECRET
			(Address)	JARY SSE
	Coral Ga	bles, Florida 331	134	OF T
		(City.	(State and Zip Code)	3: I
For fur	ther information	concerning this matter, please	call:	Ø –
Reb	ecca G. An	ter	at (305) 905-756	00
	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclos	sed is a check fo	or the following amount:		
\$125	.00 Filing Fee	S130.00 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LeTiecq Designs, LLC	<u> </u>
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Rebecca G. Arter	Same
2030 S. Douglas Road, #808	
Coral Gables, Florida 33134	Z
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual of another.
Rebecca G. Arter	
Name)
2030 S. Douglas Road, #	#808
Florida street addı	ress (P.O. Box <u>NOT</u> acceptable)
Coral Gables,	FL 33134
City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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

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

N/A	
	7. 7
	SECTOOT SECTION
	AR FE
	\$\frac{\sigma}{\sigma} \frac{1}{\sigma}
	- CST - ST
	D.M. J
(Use attachment if necessary)	
T.E.V: Effective date if other than the da	ate of filing: (OPTIONAL

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.)

D-D-MAN /

Typed or printed name of signe

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)