

LO7000031373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

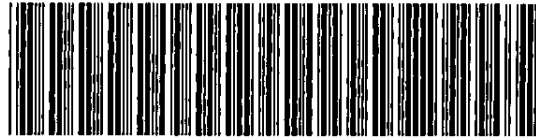
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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LAW OFFICE OF  
DAVID MILLER LANG, JR.  
ATTORNEY AT LAW

204 SOUTHEAST FIRST STREET  
POST OFFICE BOX 51  
TRENTON, FLORIDA 32693-0051

(352) 463-7800

March 21, 2007

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

Re: Rustic Manor Design & Productions, LLC.

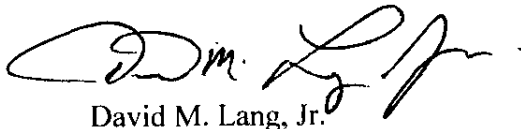
Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Organization along with a Transmittal Letter providing all return correspondence information and my check number 3822 in the amount of \$160.00 representing payment for:

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

Should there be any questions, please do not hesitate to contact me.

Sincerely,

  
David M. Lang, Jr.

DMLJ/jh  
Enclosures: As stated

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**TRANSMITTAL LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Rustic Manor Design & Productions, LLC.**  
(Name of Limited Liability Company)

The enclosed Articles of Organization are submitted for filing together with the following filing fees:  
\$100.00 filing fee for Articles of Organization;  
\$ 25.00 for Designation of Registered Agent;  
\$ 30.00 for Certified Copy of Articles of Organization; and  
\$ 5.00 for Certificate of Status  
**\$160.00 Total Filing Fees**

Please return all correspondence concerning this matter to the following:

David M. Lang, Jr.,  
(Name of Person)  
  
Attorney at Law  
(Firm/Company)  
  
P. O. Box 51  
(Address)  
  
Trenton, Florida 32693  
(City/State and Zip Code)

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For further information concerning this matter, please call:

David M. Lang, Jr. at ( 352 ) 463-7800  
(Name of Person) (Area Code & Daytime Telephone Number)

Dated: 3-21-07

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Rustic Manor Design & Productions, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

19905 SW 95<sup>th</sup> Ave.

19905 SW 95<sup>th</sup> Ave.

Archer, Florida 32618

Archer, Florida 32618

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street Address of the registered agent are:

Dawne Davis

Name

19905 SW 95<sup>th</sup> Ave.


Florida street address (P.O. Box **NOT** acceptable)

Archer, Florida 32618

City, State, and Zip

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*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, Florida Statutes.*



Registered Agent's Signature

**Page 1 of 3  
(CONTINUED)**

This instrument was prepared by:  
David M. Lang, Jr.  
Attorney  
P.O. Box 51 (204 SE 1<sup>st</sup> Street)  
Trenton, Florida 32693

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

The Management of the Limited Liability Company is reserved to the Managing Member and the name and address of each Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

"MEMBER"

**Name and address:**

"MGRM"

Dawne Davis  
19905 SW 95<sup>th</sup> Ave.  
Archer, Florida 32618

"MEMBER"

Elania Spain  
19905 SW 95<sup>th</sup> Ave.  
Archer, Florida 32618

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**ARTICLE V - Management:**

The Limited Liability Company shall be managed by the Managing Member, Dawne Davis, or as may be subsequently set forth in the operating agreement for the Limited Liability Company.

**ARTICLE VI. Sharing Of Profits And Losses.**

The profits and losses of the Limited Liability Company shall initially be allocated sixty-five percent (65%) to Managing Member, Dawne Davis, and thirty-five percent (35%) to Member, Elania Spain, or as subsequently may be set forth in the operating agreement for the Limited Liability Company.

**ARTICLE VII - Right To Admit Additional Members:**

The Members reserve the right to admit additional Members upon unanimous agreement of the existing Members or upon consent of any surviving Member.

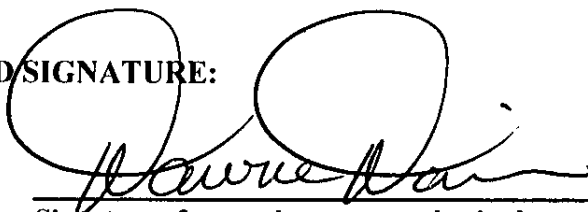
**ARTICLE VIII - Right To Continue The Business:**

The remaining Member(s) of the Limited Liability Company reserve the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

**ARTICLE VIX - Effective Date:**

The Limited Liability Company's existence shall begin at the date and time when the Articles of Organization are filed, as evidenced by the Department of State's date and time endorsement on the original document filed.

**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.)

Dawne Davis

Typed or 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)**

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