

LOT 0000 48637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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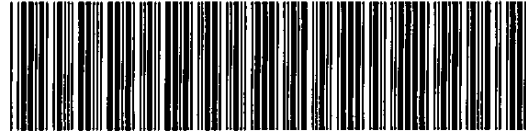
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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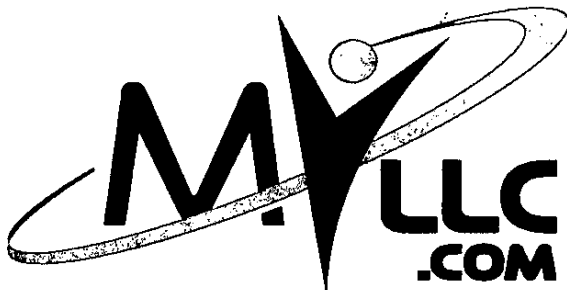


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FILED  
07 MAY -4 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NRC



32107 Lindero Canyon Rd., Suite 124  
Westlake Village, California 91361

Date: April 26th, 2007

[www.MyLLC.com](http://www.MyLLC.com)

Dear Secretary of state of Florida,

Here is the filing for Ralph Brescia Wallcoverings LLC. Please return back to Andrea Hook at the above address. If you have any questions or concerns in regards to this filing, please feel free to call our office. Thank you again and have a wonderful day.

Sincerely,

Andrea Hook

Sales  
1-888-886-9552, Ext. 103  
32107 Lindero Canyon Rd., Suite 124  
Westlake Village, California 91361

[Andrea.hook@myllc.com](mailto:Andrea.hook@myllc.com)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ralph Brescia Wallcoverings LLC  
(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:

Andrea Hook on behalf of MYLLC.COM  
(Name of Person)

MYLLC.COM  
(Firm/Company)

32107 Lindero Canyon Road. Suite 124  
(Address)

Westlake Village, CA 91361  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Hook on behalf of MYLLC.COM at ( 800 ) 692-6771  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Ralph Brescia Wallcoverings LLC

(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:

2785 S W Backton Ave

Port St Lucie, FL 34987

### 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:

Incorp Services, Inc.

Name

17888 67th Court North


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

Loxahatchee, FL 33470

City, State, and Zip

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07 MAY -4 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

 on behalf of Incorp Services, Inc.  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Ralph William Breacia

2785 S W Backton Ave

Port St Lucie, FL 34987

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

Ralph William Breacia

Typed or printed name of signer

FILED  
07 MAY -4 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**