

L07000125584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

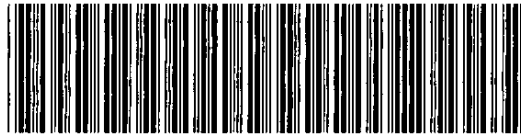
(Document Number)

Certified Copies \_\_\_\_\_ Certificate's of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W07-58427

Office Use Only



200112607402

11/30/07--01029--003 \*\*87.50

12/19/07--01002--010 \*\*72.50

FILED  
07 DEC 19 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

\$160.

DEC 19 2007

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: FIRST IMPRESSIONS DESIGNS INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: NANCY FEITZ  
Name (Printed or typed)

4591 NW 19<sup>th</sup> ST. #307  
Address

LAUDERHILL, FL. 33313  
City, State & Zip

561-251-2050  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2007

NANCY FRITZ  
4591 NW 19TH ST #307  
LAUDERHILL, FL 33313

SUBJECT: FIRST IMPRESSIONS DESIGNS INC.  
Ref. Number: W07000058427

*I DECIDED TO FILE AS  
LLC, INSTEAD OF INC.  
AND I AM ENCLOSING  
A CHECK FOR \$72.50 FOR  
THE DIFFERENCE IN THE  
FILING FEE.*

*THANKYOU  
NANCY A FRITZ*

We have received your document for FIRST IMPRESSIONS DESIGNS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L00000012066 - FIRST IMPRESSION DESIGN, LLC.

An effective date may be added to the Articles of Incorporation if a 2008 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 507A00068069

RECEIVED  
07 DEC 17 AM 8:00  
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FIRST IMPRESSIONS REDESIGN 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:

NANCY A. FRITZ

(Name of Person)

FIRST IMPRESSIONS REDESIGN LLC

(Firm/Company)

1591 NW 19th ST. #307

(Address)

LAUDERHILL, FL. 33313

(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY FRITZ

(Name of Person)

at ( 561 ) 251-2056

(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)

PREVIOUS CHECK FOR  
87.50 AND NEW  
CHECK FOR 72.50  
TO TOTAL \$160.00

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:

FIRST IMPRESSIONS REDESIGN LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

4591 NW 19<sup>th</sup> ST  
#307  
LAUDERHILL, FL 33313

#### Mailing Address:

4591 NW 19<sup>th</sup> ST.  
#307  
LAUDERHILL, FL 33313

### 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:

NANCY A. FRITZ

Name

4591 NW 19<sup>th</sup> ST. #307

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

LAUDERHILL FL 33313

City, State, and Zip

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07 DEC 19 AM 11:14  
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..*

Nancy A. Fritz

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:**

MGR.

NANCY FRITZ  
4591 NW 19<sup>th</sup> ST. #304  
LAUDER HILL, FL. 33313

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

NANCY A. FRITZ

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)

**FILED**  
07 DEC 19 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA