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# **COVER LETTER**

	egistration Section ivision of Corporations	
SUBJECT	: TNTERIOR BRILLIANCE LIC (Name of Limited Liability Company)	
The enclos	ed Articles of Organization and fee(s) are submitted for filing.	
Please retu	rn all correspondence concerning this matter to the following:	
	DONALD LIN Roberts (Name of Person)	······································
,	Interior Brilliance (/ C. (Firm/Company)	
		O8 JAN - SECKET
<del></del>	1802 Church St.  (Address)  QUINCY FLORIDA 32351  (City/State and Zip Code)	7 PH I
For further	(City/State and Zip Code) information concerning this matter, please call:	: 58 TALE ORIDA
Don	(Name of Person) at (941) 445 - (Area Code & Daytime Telep	7280 ohone Number)
Enclosed i	is a check for the following amount:	
<b>\$125.00</b> I	Filing Fee \$\bigcip \bigcip \b	\$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 Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Interior Brilliance 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:	Mailing Address:			
1862 Church St.  Quincy FL 32351  ARTICLE III - Registered Agent, Registered	1802 Church Quincy, FL Office. & Registered A	33.3 SS	08 JAN - 7 m	ature:
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent, You must designate	an individ	ualfor a	mother
The name and the Florida street address of the re-	gistered agent are:	ORIDA	l: 58	الويية

Name
DONALD LIN Roberts

1802 Church St. Florida street address (P.O. Box NOT acceptable)

Quincy FL 32351
City, State, and Zip

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.

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mGR.	Dovald Liv Roberts 1802 Church St. Quincy FL 32351
	ACCA ACCA
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(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.)

Typed or printed name of signee DONALO LIN ROBARTS

#### 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)