

L08000008024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

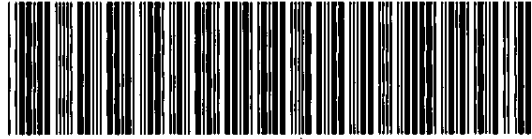
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/23/08--01020--012 **155.00

FILED
08 JAN 23 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 JAN 23 AM 11:17
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR

JAN 23 2008

EXAMINER

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- TOTAL DESIGN CENTER, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
TOTAL DESIGN CENTER, LLC

ARTICLE 1

Name

The name of this Limited Liability Company is: TOTAL DESIGN CENTER,
LLC.

ARTICLE 2

Duration

The duration of this limited liability company is perpetual from the date of commencement of the limited liability company's existence. The date and time of commencement of the limited liability company's existence is the time of filing of the original articles of organization by the Department of State of the State of Florida.

ARTICLE 3

Principal Office and Registered Agent

The mailing and the street address of the principal office of the limited liability company is 134 Pine Cone Trail, Ormond Beach, FL 32174. The name and address of the initial registered agent of the limited liability company is Walton M. Cox, 134 Pine Cone Trail, Ormond Beach FL 32174.

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ARTICLE 4

Management

The company is to be a manager-managed company. The name and address of its Manager is:

Walton M. Cox
134 Pine Cone Trail
Ormond Beach, FL 32174

ARTICLE 5

Continuation of Business

Upon the death, bankruptcy, retirement, resignation, or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the remaining members may continue the legal existence and business of the limited liability company if (i) there is at least one remaining member or a new member is admitted, and (ii) within ninety (90) days after the occurrence of the event of dissolution, the members, by a majority in interest vote, consent in writing to the continuation of the business.

ARTICLE 6

Admission of Additional Members

No person may be admitted as an additional member without the prior written consent of the Managers. If such person is admitted, he or she shall be subject to the obligations and limitations in the Operating Agreement of the limited liability company, as amended for the

additional members.

IN WITNESS WHEREOF, the undersigned members do hereby execute and
acknowledge these articles of organization this 21 day of January, 2008.


Walton M. Cox, Manager/Member

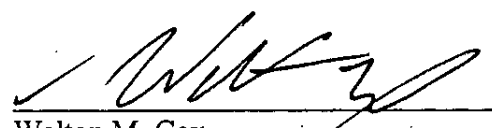
CERTIFICATE DESIGNATING REGISTERED AGENT
AND STREET ADDRESS FOR SERVICE OR PROCESS

Pursuant to Section 608.415 Florida Statutes, TOTAL DESIGN CENTER, LLC,
hereby designates Walton M. Cox, 134 Pine Cone Trail, Ormond Beach, FL 32174 as its
registered agent and the street address of its registered office, respectively, for service of process
within the State of Florida.


Walton M. Cox, Manager

ACCEPTANCE OF DESIGNATION

The undersigned understands the obligations of and hereby accepts the foregoing
designation as registered agent of TOTAL DESIGN CENTER, LLC, for service of process
within the State of Florida.


Walton M. Cox