

L08U00028751

\_\_\_\_\_ (Requestor's Name) \_\_\_\_\_

\_\_\_\_\_ (Address) \_\_\_\_\_

\_\_\_\_\_ (Address) \_\_\_\_\_

\_\_\_\_\_ (City/State/Zip/Phone #) \_\_\_\_\_

PICK-UP     WAIT     MAIL

\_\_\_\_\_ (Business Entity Name) \_\_\_\_\_

\_\_\_\_\_ (Document Number) \_\_\_\_\_

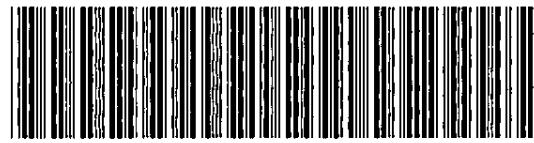
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

B. KOHR  
MAR 20 2008  
EXAMINER

RECEIVED  
08 MAR 11 PM 3:45  
FILED  
08 MAR 11 AM 10:55  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



000119790850

03/12/08--01002--007 \*\*250.00



RECEIVED

08 MAR 18 PM 4:29

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

March 12, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

UCC FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: HALYCON GROUP, LLC  
Ref. Number: W08000013169

RESUBMISSION

PLEASE HONOR ORIGINAL  
DATE OF SUBMISSION  
AS FILE DATE

08 MAR 11 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

We have received your document for HALYCON GROUP, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Please note that we have RETAINED your \$125.00 payment.

As discussed, we are returning this filing so that the name can be corrected.

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 808A00015250



UCC FILING & SEARCH SERVICES, INC.  
1574 Village Square Blvd Ste 100  
Tallahassee, Florida 32309  
(850) 681-6528

HOLD  
FOR PICKUP BY  
UCC SERVICES  
OFFICE USE ONLY

March 11, 2008

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Halcyon Group, LLC

FILED

08 MAR 11 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Evidence**

Plain/Confirmation Copy  
 Certified Copy

**Type of Document**

Certificate of Status  
 Certificate of Good Standing  
 Articles Only  
 All Charter Documents to Include Articles & Amendments  
 Fictitious Name Certificate  
 Other

**Retrieval Request**

Photocopy  
 Certified Copy

**NEW FILINGS**

	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

**AMENDMENTS**

	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

**OTHER FILINGS**

	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

**REGISTRATION/QUALIFICATION**

	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

ARTICLES OF ORGANIZATION  
OF  
HALCYON INTERIORS, LLC

ARTICLE I - NAME

The name of the limited liability company is Halcyon Interiors, LLC, ("company").

ARTICLE II - ADDRESS

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

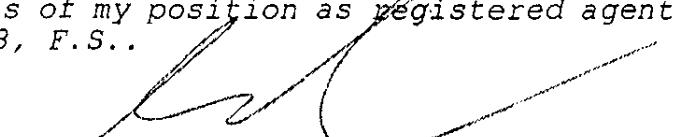
Principal Office Address: 1247 Woodridge Ave  
Naples, Florida 34103      Mailing Address: 4755 Tamiami Trail N. Ste. 110  
Naples, Florida 34103

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Curtis Cassner Registered Agent, LLC  
4085 Tamiami Trail N. B102  
Naples, Florida 34103

*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..*

  
Curtis Cassner Registered Agent, LLC

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

08 MARCH 1996  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

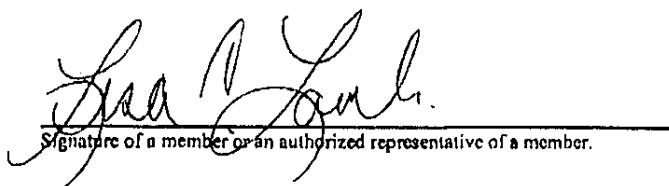
MGMR

Lesia Lamb  
1247 Woodridge Ave  
Naples, Florida 34103

MGMR

Helve Must  
641 Saint Andrews Blvd  
Naples, Florida 34113

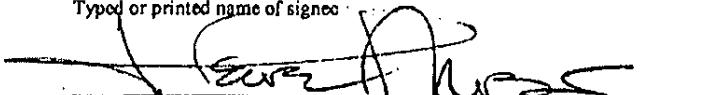
**REQUIRED SIGNATURES:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

Lesia Lamb

Typed or printed name of signee



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

Helve Must

Typed or printed name of signee

(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.)