

L08000028751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

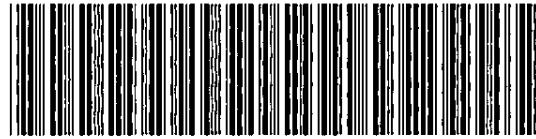
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
08 MAR 11 PH 3:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAR 20 2008
EXAMINER

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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08 MAR 18 PM 4:29

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

March 12, 2008

UCC FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: HALYCON GROUP, LLC
Ref. Number: W08000013169

RESUBMISSION

PLEASE HONOR ORIGINAL

DATE OF SUBMISSION

AS FILE DATE

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

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

Filing Evidence

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ 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

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TALLAHASSEE, FLORIDA

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:

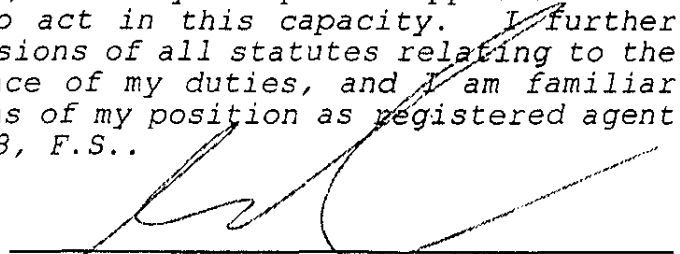
<u>Principal Office Address:</u>	<u>Mailing Address:</u>
1247 Woodridge Ave	4755 Tamiami Trail N. Ste. 110
Naples, Florida 34103	Naples, Florida 34103

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:

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SECRETARY OF STATE

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

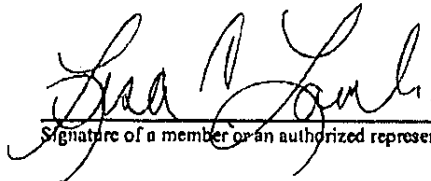
MGMR

Lesia Lamb
1247 Woodridge Ave
Naples, Florida 34103

MGMR

Helve Must
641 Saint Andrews Blvd
Naples, Florida 34113

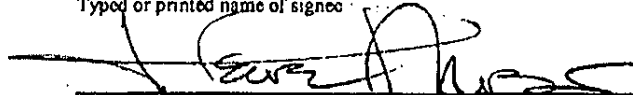
REQUIRED SIGNATURES:



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

Lesia Lamb

Typed or printed name of signer



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

Helve Must

Typed or printed name of signer

(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.)