## LD8000043504

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otale/2)p/ Hone #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS



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EXAMINER

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SECRETARY OF STATE
TAIL ANASSEE FLORIDA

## COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:	The Finsh (Name of Limited	ed Touch, L. Liability Company)	LC
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
<del>,, , , , , , , , , , , , , , , , , , ,</del>	Daleen C	wver-Sieger	-T
	The Fin	ished Touch	LLC
	13508	Clubside D	) <u> </u>
	Jan,	5a FL 336 State and Zip Code)	
For further information co	oncerning this matter, please o	all:	
<u>tenneth</u>	SiegerT	at ( <u>813</u> ) <u>876-2</u> (Area Code & Daytime Tele	2832 phone Number)
Enclosed is a check for \$125.00 Filing Fee	the following amount:  \$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)
	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 C Tallahassee, FL 32301	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2008

DALEEN CULVER-SIEGERT 13508 CLUBSIDE DRIVE TAMPA, FL 33624

SUBJECT: THE FINISHED TOUCH, LLC

Ref. Number: W08000018294

We have received your document for THE FINISHED TOUCH, LLC and your check(s) totaling \$155.00. 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P03000153934.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

DOLLAR OF THE PROPERTY OF THE

Letter Number: 208A00021021

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	1 c Blue, LLC
<u> </u>	1.00
(Must end with the words "Limited Liability of	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
13508 Clubside Dr Tampa, FL 33624	same.
Name  13508 Clubs  Florida street addres	istered agent are:  Uer-Siegent  Side Dr  as (P.O. Box NOT acceptable)

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)

(CONTINUED)
Page 1 of 2

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SECRETARY OF STATE

The name and address of each Mana	ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Daleen Culver-Siegert 13508 Clubside Dr Tampa, FL 33624
MGRM	Kenneth Siegert 13508 Clubside Dr Tampa FL 33624
(Use attachment if necessary)	
	e date of filing: (OPTION oe specific and cannot be more than five business da
REOUIRED SIGNATURE:	

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

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)

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