

LD80000060673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

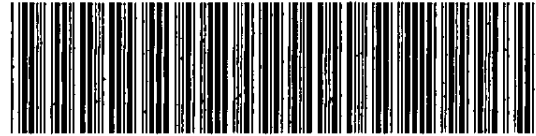
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TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Masterpiece Creations, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolyn Lee Gray

(Name of Person)

Masterpiece Creations, LLC

(Firm/Company)

1711 Old Beach Road

(Address)

St. Augustine, Florida 32080

(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn Lee Gray at (**904**) **461-5304**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

X **\$125.00 Filing Fee** **___ \$130.00 Filing Fee & Certificate of Status** **___ \$155.00 Filing Fee & Certified Copy (additional copy enclosed)** **___ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy enclosed)**

Mailing Address

**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida**

Street/ Courier Address

**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Masterpiece Creations, 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:

**1711 Old Beach Road
St. Augustine, Florida 32080**

Mailing Address:

**1711 Old Beach Road
St. Augustine, Florida 32080**

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Carolyn Lee Gray

Name

1711 Old Beach Road

Florida street address (P.O. Box **NOT** acceptable)

St. Augustine, FL 32080

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..

x Carolyn Lee Gray

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

“MGR”= Manager

“MGRM” = Managing Member

Name and Address:

MGRM

Carolyn Lee Gray
1711 Old Beach Road
St. Augustine, Florida 32080

(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:

x. Carolyn Lee Gray
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 and affirmation under the penalties of perjury that the facts stated herein are true.)

Carolyn Lee Gray
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Article of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)

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