Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H080001685373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Toı

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone Fax Number 1 (516) 935-3940 1 (516) 935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

M A Designs LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

JUL 1 0 2008

7/8/2008

80

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

H08000168537

H08000168537

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name The name of the Limited Liability Company is: 1	M A Designs LLC
ARTICLE II - Address	•
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1720 Winding Oaks Way	
Naples, FL 34109	Naples, FL 34109
The name and Florida street address of the regis	ristered Office & Registered Agent's Signature lered agent are: ary Alice Burris
	Name
	(P.O. Box or Mail Drop Box NOT Acceptable)
Na	ples, FL 34109
	(City / State / Zip)
at the place designated in this certificate, I he capacity. I further agree to comply with the p	to accept service of process for the above stated limited liability company crehy accept the appointment as registered agent and agree to act in this rovisions of all statutes relating to the proper and complete performance upt the obligations of my position as registered agent as provided for in
\mathcal{M}	auxalia Burno
Registered	Ageni's Signature - Mary Alice Burris ALLAHAS
	SEE. F
·	FLORIGIAN C

ARTICLE IV - Manager(s) The name and address of each M	or Managing Member(s); anager or Managing Member is as follows:	H08000168537
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Mary Alice Burris - 1720 Winding Oaks Way, Naples, F	1. 34109
(Use attachment if necessary) REQUIRED SIGNATURE:		<u> </u>
Signatu	re of a member for authorized representative of a member.	
document	iance with section 608.408(3), Florida Statutes, the execution of constitutes an affirmation under the penalties of perjury that th ein are true.)	
***************************************	Mary Alice Burris	
	Typed or printed name of signec	

FILED

08 JUL -9 AM 8: 17

SECRETARY OF STATE.