# 10800010299/

(	(Requestor's Name)	)
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(1	City/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL .
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(1	Document Number	)
Certified Copies	Certificate	s of Status
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Special Instructions to Filing Officer:

A. LUNT

NOV - 4 2008

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO:	Registration Section  Division of Corporations  Division of Corporations	
SUBJE	CT. Destincomforts.com LLC	
SCHOL	(Name of Limited Liability Company)	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	Cheryl St. Pe'	
	(Name of Person)	
	Destincomforts.com LLC	7
	(Firm/Company)	T
	4807 Bonaire Cay	1
•	(Address)	
	Destin, Fl. 32541	
	(City/State and Zip Code)	
For fur	her information concerning this matter, please call:	
Rich	ard St. Pe' III 850	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclos	ed is a check for the following amount:	
_		
<b>V</b> 3123.	Of Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

TO SEE STORY OF THE SECOND STORY

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ia.	
The name of the Limited Liability Company	15.	
Destincomforts LLC.		
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
4807 Bonaire Cay	4807 Bonaire Cay	
Destin, Fl. 32541	Destin, Fl. 32541	
business entity with an active Florida registration.)  The name and the Florida street address of the Richard St. Pe'	ne registered agent are:	2000 NOV -3 SECRETARY TALLAHASSE
Na	me	TAN HAS
4807 Bonaire Cay		
Florida street	OF STA	
Destin, Fl. 32541	FL to and 7 in	TATE ORIGINAL
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the acity. I further agree to comply with a performance of my duties, and I ar	he appointment as h the provisions of all m familiar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGR	Cheryl St. Pe'		
	4807 Bonaire Cay	ج <u>ج</u> ک	
	Destin, Fl. 32541	三	n.
MGRM	Richard St. Pe'	RE 2	
	4807 Bonaire Cay	<u> </u>	~
	Destin, Fl. 32541	mo 3	
		FS	
	<del></del>		
•		<del>"</del>	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 30, 2008 (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;

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.)

Cheryl St. Pe'

Typed or printed name of signee

#### 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)