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•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(=,
PICK-UP WAIT MAIL
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C. LEWIS

DEC 1 6 2008

EXAMINER

COVER LETTER

, TO:	Registration Section Division of Corporations				
SUBJI	ECT. Albright Design Concept	ts, LLC			
30001		ed Liability Company)			
The en	nclosed Articles of Organization and fee(s) are	submitted for filing.			
	e return all correspondence concerning this mat	•			
	Elizabeth Albright				
	Lizabotii / tibrigite	(Name of Person)			
Albright Design Concepts, LLC					
		(Firm/Company)			
	18137 NW 61st PI				
		(Address)			
	Hialeah, FL 33015				
	(Cit	y/State and Zip Code)			
For fur	rther information concerning this matter, please	e call:			
Eliza	abeth Albright	at (_305 825-8199			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclos	sed is a check for the following amount:				
\$125.	6.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & ✓ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Circle Tallahassee, FL 32301			

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2008 DEC 15 AM 10: 41

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITEY; COMPANY! TALLAHASSEE, FLO
ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
Albright Design Concepts, LL	С
	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Timespar Office Auditess.	Maning Addition.
18137 NW 61st Place	18137 NW 61st Place
Hialeah, FL 33015	Hialeah, FL 33015
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Elizabeth Albrig	yht .
	Name
18137 NW 61s	t PI
Florida s	street address (P.O. Box NOT acceptable)
Hialeah, FL 330	015 _{FL}
	y, 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..

(CONTINUED) Page 1 of 2

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FIRST 43	NY LAND.	and the second section of the second
<u>Title:</u> "MGR" = Manager	Name and Address:	SECRETARY OF TALLAHASSEE.
"MGRM" = Managing Member	r	(ALLAMASOLD)
MGR	Elizabeth Albright	
	18137 NW 61st Place	
	Hialeah, FL 33015	<u></u>
MGRM	Robert Albright	
	18137 NW 61st Place	
	Hialeah, FL 33015	
MGRM ·	Richard Benton	
	7750 NW 175 St	<u>.</u>
	Hialeah, FL 33015	
(Use attachment if necessary)		
	an the date of filing:	
fective date is listed, the date many days after the date of filing.)	an the date of filing: nust be specific and cannot be more than five	
ffective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE:		business days prio
ffective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a recordance of this document	th Albight	business days prio

Filing Fees:

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

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)