# L0900014867

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
1009000005923				

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SECRETARY OF STATE
TALLAHASSFF FIGURE

D. BRUCE

FEB 13 2009

**EXAMINER** 

# COVER LETTER

TO: Registration S Division of Co			
SUBJECT: ISla	and Style Con (Name of Limited	Struction, LLC d Liability Company)	<u> </u>
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Brandon Alli-	SDM Name of Person)	
		struction, LLG	9
226	8B 1St Avenue	e	TA.
		(Address)  1 FL 32034  (State and Zip Code)	PEB   09 FEB   NECRETA LLAHAS
	(City/	(State and Zip Code)	3 P
For further information	concerning this matter, please of	call: at ( <u>904</u> ) 624-1	PH 3: 02  CF STATE  E. FLORIDA
Brandon (Name	Allison of Person)	at ( <u>904</u> ) <u>624-</u>	0000
Enclosed is a check for	or the following amount:	·	
\$125.00 Filing Fee	図\$130.00 Filing Fee & [ Certificate of Status Already Sent, Cbpy EnUbSed	\$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 Ci Tallahassee, FL 32301	ircle



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2009

BRANDON ALLISON 2268 B 1ST AVE FERNANDINA BEACH, FL 32034

SUBJECT: ISLAND STYLE LLC Ref. Number: W09000005923

09 FEB 13 PM 3: 02
SECRETARY OF STATE

We have received your document for ISLAND STYLE LLC and your check(s) totaling \$130.00. 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.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 509A00004329

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Island Style Construction	on, LLC
(Must end with the words "Limited Lia	bility 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:	Mailing Address:
2268B 1St Avenue Fernandina Beach, FL 32034	same
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the Brandon AlliSDV	
2268B 157 Avenue	ie SSA
Florida street a Fernandina Bea	address (P.O. Box NOT acceptable)
City, State	e, 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..

Registered Agent's Signature (REQUIRED)

## 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 "MGRM" = Managing Member	Name and Address:
MGR	Brandon Allison 2268B 1St Avenue Fernandina Beach, Fl 32034
(Use attachment if necessary)	
TICLE V: Effective date, if other than the an effective date is listed, the date must be 90 days after the date of filing.)	e date of filing: . (OPTIONAL)  ne specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	Ö9F SECR TALLA
Balan S	er or an authorized representative of a member
	ection 608.408(3), Florida Statutes, the execution with the cut of
	randon Allison

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)

Typed or printed name of signee