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### COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: FORRISTALL DESIGNS, 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:
Trease return an correspondence concerning this matter to the following.
Shannon Marie Charles, Esq.
(Name of Person)
Charles Maynard, P.L.
(Firm/Company)
6071 Chapledale Drive
(Address)
Orlando, Florida 32829
(City/State and Zip Code)
For further information concerning this matter, please call:
Shannon Marie Charles, Esq. at 407 , 601-0612
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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 Tallahassee, FL 32301

## **Articles of Organization**for

FORRISTALL DESIGNS, LLC

#### **ARTICLE I - NAME**

The name of the limited liability company is FORRISTALL DESIGNS, (the "Company"), and it shall be formed as a limited liability company under Chapter 608, Florida Statutes.

#### **ARTICLE II- ADDRESS**

The principal place of business for the limited liability company is:

7519 WAUNATTA COURT WINTER PARK, FLORIDA 32792

The mailing address of the limited liability company is:

7519 WAUNATTA COURT WINTER PARK, FLORIDA 32792

#### ARTICLE III- REGISTERED AGENT

The name and street address of the registered agent of the Company in the State of Florida is:

CHARLES MAYNARD, P.L. 6071 CHAPLEDALE DRIVE ORLANDO, FL US 32829

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, Florida Statutes.

Registered Agent Signature:

**ARTICLE IV- MANAGEMENT** 

The Company shall be managed by a managing member or managing members, in accordance with the Operating Agreement adopted by all members of the Company, and is, therefore, a

managing member-managed company. The name and address of the managing member and members are:

Title: MGRM

JENNIFER FORRISTALL 7519 WAUNATTA COURT WINTER PARK, FLORIDA 32792

#### ARTICLE V- DURATION

The Company shall exist from the date of filing of these Articles of Organization with the Florida Secretary of State, and the Company's existence shall be perpetual.

#### **ARTICLE VI- PURPOSE**

The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of the State of Florida.

**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.)

#### JENNIFER FORRISTALL

Typed or printed name of signee