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SECRETARY OF STATE

LLAHASSEF F STATE

D. BRUCE

MAR 2 0 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: For	m G Desigi	n LLC		
	(Name of Limit	ed Liability Company)	,	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all correspo	ndence concerning this mat	ter to the following:		
James	Garvin			
		(Name of Person)		
Form (Garvin G Design			
		(Firm/Company)		
143 E	Innis Ln			
	•	(Address)	Þα	0
Jupiter	FL 33458		CRE	NH 6
	, (Ci	ty/State and Zip Code)	TAF ASS	
For further information c	oncerning this matter, pleas	e call:	Y OF S	09 HAR 19 PH 1:21
James Ga	rvin	_ at (1939 RATE	:: 24
(Name C	or retson)	(Alea Code & Daytille Tele	sphone Mumoer 222	
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is encl	s &
	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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Form (Mu	G Design	LLC iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad	dress:	e principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
143 Ennist Jupiter FL	<u>и</u> 33458	143 Ennis Lu Jupiter FL 33459
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Reactive Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the r	Florida street address of th	ne registered agent are:
	James Garu	TARY SEE
		EO P IT
	143 Ennis Li	address (B.O. Boy NOT accortable)
	Florida street	address (P.O. Box NOT acceptable)
	Florida street	raddress (P.O. Box NOT acceptable) FL 33458 te, and Zip

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQLURES)

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Jupiter FL (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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:** ignature of a member or an authorized epresentative 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.

Filing Fees:

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

that the facts stated herein are true.)

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

Typed or printed name of signee