

L09000051706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

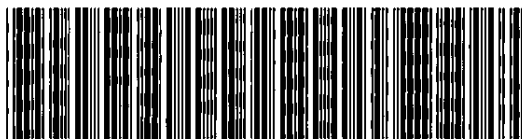
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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800156070568

05/18/09--01035--020 \*\*160.00

APPROVED  
AND  
FILED

09 MAY 28 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*G. Harvey*

**G. HARVEY**

MAY 28 2009

**EXAMINER**

*1559 22815*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A DESIGN GROUP OF NW FLORIDA 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:

**KEVIN M REEVES**

(Name of Person)

**A DESIGN GROUP OF NW FLORIDA LLC**

(Firm/Company)

**4808 YOUNG ROAD**

(Address)

**CRESTVIEW FL 32539**

(City/State and Zip Code)

For further information concerning this matter, please call:

**KEVIN M REEVES**

(Name of Person)

at

**850**

(Area Code & Daytime Telephone Number)

**865**

**865-2024**

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 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 Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY 28 PM 2:28

APPROVED  
AND  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2009

KEVIN M REEVES  
4808 YOUNG ROAD  
CRESTVIEW, FL 32539

SUBJECT: A DESIGN GROUP OF NW FLORIDA LLC  
Ref. Number: W09000023865

09 MAY 28 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

We have received your document for A DESIGN GROUP OF NW FLORIDA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 18, 2009. Please amend your document accordingly.

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) 245-6851.

Gina McLeod  
Regulatory Specialist II

Letter Number: 809A00017143

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

A DESIGN GROUP OF NW FLORIDA LLC

(Must end with the words "Limited Liability 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:

4808 YOUNG ROAD

CRESTVIEW FL 32539

#### Mailing Address:

4808 YOUNG ROAD

CRESTVIEW FL 32539

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

KEVIN M REEVES

Name

4808 YOUNG ROAD

Florida street address (P.O. Box **NOT** acceptable)

CRESTVIEW FL 32539

City, 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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

09 MAY 28 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

KEVIN M REEVES

4808 YOUNG ROAD

CRESTVIEW FL 32539

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

KEVIN M REEVES

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY 28 PM 2:26

APPROVED  
AND  
FILED

Form 10916(c)  
(Rev. 10-2000)

8208

Department of the Treasury - Internal Revenue Service

# Withdrawal of Filed Notice of Federal Tax Lien

Area:  
SMALL BUSINESS/SELF EMPLOYED AREA #3  
Lien Unit Phone: (800) 913-6050

Serial Number  
446257408

For Optional Use by Recording Office

I certify that the following-named taxpayer has met one or more of the elements of the Internal Revenue Code (IRC) section 6323(j). The Internal Revenue Service therefore withdraws the Notice of Federal Tax Lien for these taxes and additions. The withdrawal of this notice of lien does not affect the statutory lien provided by IRC section 6321; it simply relinquishes any lien priority obtained by the Internal Revenue Service when the notice was filed. The proper official, in the office where the Notice of Federal Tax Lien was filed on June 03, 2008, is authorized to update the records to show the withdrawal of the notice of lien for these taxes and additions.

Name of Taxpayer ELIZABETH C WHEELER PA, , a Corporation

Residence PO BOX 2266  
ORLANDO, FL 32802-2266

## COURT RECORDING INFORMATION:

Liber Page UCC No. Serial No.  
n/a n/a 08FLR0005434 n/a

09FLR0005626-2

Kind of Tax (a)	Tax Period Ending (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
941	12/31/2006	59-3477757	04/02/2007	05/02/2017	618.24
941	03/31/2007	59-3477757	06/04/2007	07/04/2017	11945.33
941	06/30/2007	59-3477757	09/03/2007	10/03/2017	11975.72
941	09/30/2007	59-3477757	12/24/2007	01/23/2018	13113.63
941	12/31/2007	59-3477757	03/24/2008	04/23/2018	16033.30
*****					

Place of Filing

SECRETARY OF STATE

TALLAHASSEE, FL 32314

Total \$ 53686.22

This notice was prepared and signed at BALTIMORE, MD, on this,

the 05th day of May, 2009.

Signature

R. A. Mitchell

Title Director, Campus Compliance  
Operations