109000059690

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

Office Use Only



700157405857

700157405857 06/18/09--01051--002 **130.00

FILED

09 JUN 18 PM 1:01

SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

And the second second

J. BRYAN
JUN 1 9 2009
EXAMINER

COVER LETTER

Division of Co					
SUBJECT:	You	ır Dis	tinct Des	ign	
30 13 1011	Name of Limit				
The enclosed Articles of	f Organization and fee(s) are	submitte	ed for filing.		SET SET
Please return all corresp	ondence concerning this mat	ter to the	e following:		SAFET OF THE PROPERTY OF THE P
	Lacey L		/ictoria Hir	nkey	SSER O
		Name o	f Person		OB JUN 18 PH 1:01 SECRETARY OF STATI
	70.190	Firm/C	ompany		
	10283		n Park Dri	ve	
		Add	iress		
			FL 32832 and Zip Code		
		-	9@gmail.c	om	
	E-mail address: (to be used	for future	annual report	notificatio	n)
For further information	concerning this matter, pleas	e call:			
	ey Lewis	_ at (386)	6	456-7717
Name	of Person		Area Code &	Daytime	Telephone Number
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	55.00 Filing ertified Copy Iditional copy i	r	\$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/Cou Registration Division of Clifton But 2661 Exect Tallahassed	n Section Corporal Ilding utive Cen	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	' is:
	FOR S
Your Distinct	Design, LLC
(Must end with the words "Limited I.	.iability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	SER OF IT
The mailing address and street address of th	e principal office of the Limited Liability Company i
The maining address and street address of the	o principal office of the Emilion Emolity (Company is:
Principal Office Address:	Mailing Address:
10283 Kristen Park Drive	10283 Kristen Park Drive
Orlando,FL 32832	Orlando,FL 32832
	he registered agent are: Hinkey Jr. ame
8567 Bi	uckley Court
	(P.O. Box NOT acceptable)
Orlando, FL 32	817 _{FL}
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	It to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Victoria Hinkey 8567 Buckley Court Orlando, FL 32817
MGR	Orlando, FL 32817 Lacey Lewis 10283 Kristen Park Drive Orlando, FL 32832
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must	he date of filing: (OPTIONA be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with	be specific and cannot be more than five business day ber or an authorized representative of a member. section 608.408(3), Fiorida Statutes, the execution enstitutes an affirmation under the penalties of perjury

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)