# 15900018250

(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:				

Office Use Only

G. MCLEOD

JUL 16 2009

**EXAMINER** 



700158209247

07/16/09--01003--003 \*\*155.00

09 JUL 16 AH 9: 09

FILED

09 JUL 16 AM 9: 14
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

### COVER LETTER

Division of Cor				
SUBJECT:	FISHER DE Name of Limit	SIGN & CREATIVE red Liability Company	BUILDING SOLUTI	10NS
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following:		
Benja	umin Fish	er		
		Name of Person		
<i>F</i>	ISHER DESIG	NECREATIVE E	BUILDING SOLUT	Suor
1138 Fis	SHER RD	Address		
CHATTAH	001.45E, FLOI	21 DA 32324 y/State and Zip Code		
BFISH	E-mail address: (to be used	y/State and Zip Code  for future annual report notification)		
	oncerning this matter, please			
BENJAM IN Name o	FISHER Person	at (850) 58- Area Code & Daytime Tele	phone Number	
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 C Tallahassee, FL 32301		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the I	Limited Liability Company is	:		
	HER DESIGN & C			C
ARTICLE II - A The mailing addre	Address: ess and street address of the p	orincipal office of the Limite	d Liability Company is:	
Principal Office	Address:	Mailing Address:		
1138 FISH CHAMAHOO	ER RD HEE, FL 32324	1138 FISHER RI OHATTA HOOCHEE,	D FL 3>324	
(The Limited Liability	Registered Agent, Registere Company cannot serve as its own Regin active Florida registration.)	d Office, & Registered Agostered Agent. You must designate an	ent's Signature: individual or another	<b>ند</b> س.
The name and the	e Florida street address of the	registered agent are:	EE 39	
	BENJAMIN FI	SHER	JUL I	
	Name		SSE SE	
	1138 FISHER R	040		
	Florida street address (P.C	D. Box NOT acceptable)		
	CHATTAHOOCHEE City, State.	FL 32324		
	City, State,	anu zid		

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)

City, State, and Zip

#### Page 1 of 2

## 

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

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)