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M. THOMAS
SEP 2 4 2009
EXAMINER

## ARTICLES OF ORGANIZATION OF MICAMY DESIGN STUDIO, LLC

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, as the same may from time to time be amended (the "Act").

#### ARTICLE I NAME

The name of the limited liability company (the "Company") is: MICAMY DESIGN STUDIO, LLC.

## ARTICLE II ADDRESSES

The initial mailing address of the Company is 1321 Wedgewood Road, Florida, 32259.

#### ARTICLE III REGISTERED AGENT

The name and street address of the initial registered agent of the Company is Decelar N. Burnett, Esq., of St. Johns Law Group, 1301 Plantation Island Drive, South, Suite 302B, St. Augustine, Florida, 32080.

### ARTICLE IV MANAGEMENT

The Company is to be managed by the members and is therefore, a member managed company.

#### ARTICLE V LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an a Member of the Company, has executed these Articles of Organisms and Saptember, 2009. In accordance with Section 608.4 execution of this document constitutes an affirmation under the perstated herein are true.	anization this 16 <sup>th</sup> day of 108(3), Florida Statutes, the
•	N. Burnett ed Representative
ACCEPTANCE OF REGISTERED AGE	ENT
I, Douglas N. Burnett, of St. Johns Law Group, having service of process for MICAMY DESIGN STUDIO, LLC, or resident of St. Johns County, Florida, and do hereby accept to accomply with the laws of the State of Florida relative to keeping of	ertify that I am a permanent in this capacity, and agree to
DATED at St. Johns County, Florida, this 16 day of	Soptober, A.D. 2009.
By:	EP 23 AN IO: ARTARSEE, FLO
STATE OF FLORIDA ) COUNTY OF ST. JOHNS )	O: 17
I HEREBY CERTIFY that on this day before me, a Notary State and County named above to take acknowledgments, personnett, who is personally known to me, or widentification: Florida Driver's License, other identification person/entity described as the authorized agent and resident agent Articles of Organization and Acceptance of Registered Agent and he executed same.	sonally appeared Douglas N. who produced the following cation and known to be the t who executed the foregoing
IN WITNESS WHEREOF, I have hereunder set my hand a St. Johns County, Florida, this	and affixed my official seal at A.D., 2009.
	,

Notary/Public, State of Florida Printed Name:

My Commission expires:

