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Special Instructions to Fili	ing Officer:	,

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OCT 23 2009

EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CUSTOM CANVAS by YVONNE, 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:
Vonne M. Peters RAZZ
Firm/Company
Firm/Company Firm/Company Firm/Company Address
Fort Myers FL 33908
Custom Canvas by Ivonn Pagail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (23) 575 - 2050 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additional copy is e
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability	Company, "L.L.C.," or "L.C.")
ARTICLE II - Address:	nainal affice of the Limited Lighility Company is
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
10921 Kelly rd AH FOST MYETS, FT 33908	Dowl
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re Name Name 1091 Florida street address (P.O. In City, State, and City, State, State	M. Defers RESTATE TO STATE STATE OF STA
liability company at the place designated in th	ccept service of process for the above stated limited is 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)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR.	Vonne M. Peters 10921 Kelly rd A-4 Fost Myels FL 33908
	TAEL AHA
·	SSEE FLORED
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
	er or an authorized representative of a member.
of this document const that the facts stated her	etion 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.) ped or printed name of signee
\$125.00 Filing Fee for Articles of Organ	nization and Designation

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