

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000014941 3)))



H100000149413ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 JAN 22 AM 8:41

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Drafting Studio, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

10 JAN 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H100000149413

**ARTICLES OF ORGANIZATION
FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

DRAFTING STUDIO, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

6860 SKAFF AVE # 9

JACKSONVILLE, FLORIDA 32244

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

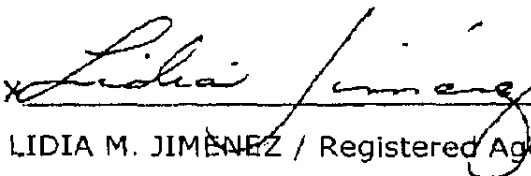
The name and the Florida street address of the registered agent are:

LIDIA M. JIMENEZ

6860 SKAFF AVE # 9

JACKSONVILLE, FLORIDA 32244

Having been named as registered agent 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..

x  _____
LIDIA M. JIMENEZ / Registered Agent's signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 22 AM 8:41

H1000000149413

PAGE 2

DRAFTING STUDIO, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

LIDIA M. JIMENEZ

6860 SKAFF AVE # 9

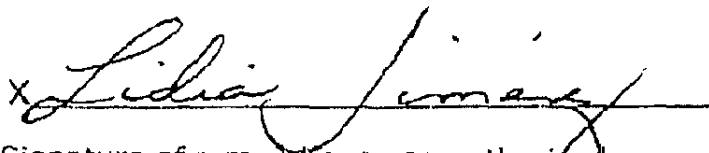
JACKSONVILLE, FLORIDA 32244

MANAGING MEMBER:

ESTEBAN CAPELLAN

6860 SKAFF AVE # 9

JACKSONVILLE, FLORIDA 32244

x 

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.

LIDIA M. JIMENEZ

Typed or printed name of signee