# 10000009846

(Requestor's Name)		
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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SFFECTIVE DATE

### TRANSMITTAL LETTER

TO: Registration Section Florida Division of Corporations P.O. BOX 6327 TALLAHASSEE, FL 32314 November 10, 2009

SUBJECT: VERNAKULAR DESIGNS LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

LINDA BISSET'i 4807 CHALFONT DR. ORLANDO FL 32837

For further information concerning this matter, please call: TREVOR DUIGNAN 321-368-5188

Enclosed is a check for the following amount: X\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

SINCERELY MB I 11/10/09

LINDA BISSET



December 1, 2009

LINDA BISSETT 4807 CHALFONT DRIVE ORLANDO, FL 32837

SUBJECT: VERNAKULAR DESIGNS LLC

Ref. Number: W09000052348

We have received your document for VERNAKULAR DESIGNS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

This document was received on 11/30/09.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 809A00036824

Neysa Culligan Regulatory Specialist II

FILED 10 JAN 27 AM 8: 02

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

VERNAKULAR DESIGNS LLC.

**ARTICLE II - Address:** 

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

**Mailing Address** 

4807 CHALFONT DRIVE ORLANDO, FLORIDA 32837

Principal Office Address is

4807 CHALFONT DRIVE ORLANDO, FLORIDA 32837

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

TREVOR DUIGNAN 500 Fox Valley Drive Longwood FL 32779

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 Trevor Duignan hereby accept the appointment as registered agent and agree to act in this capacity. I Trevor Duignan 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

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member are as follows:

MGMR.

Linda Bisset 4807 CHALFONT DRIVE ORLANDO FL 32837

MGMR.

MARY VERNAK 4807 CHALFONT DRIVE ORLANDO FL 32837 10 JAN 27 AM 8: 03
SECRETARY OF STATE
VALUE AND SEE, FLORIDA

ARTICLE V: Effective date is January 27th, 2010 .

# **REQUIRED SIGNATURE:**

Sud m 3 01/27/10 LINDA BISSET

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.)

PEQUIRED SIGNATURE:

OI\FILIO MARY VERNAK

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.)