

L100000013731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

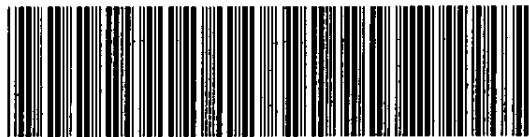
W1-2518

A. LUNT

FEB - 5 2010

EXAMINER

Office Use Only



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01/15/10--01009--012 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB - 4 PM 1:17

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2010

MITZIE FISHER
601 CORDOVA BLVD. NE
ST. PETERSBURG, FL 33704

SUBJECT: INTERIOR VISIONS GROUP LLC
Ref. Number: W10000002518

We have received your document for INTERIOR VISIONS GROUP 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):

Your document is being returned as requested.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 610A00001418

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Interior Visions Group, 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:

<u>Bettie Carter</u>	FILED 2010 FEB -4 PM 1:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name of Person	
<u>Interior Visions Group, LLC</u>	
Firm/Company	
<u>202 Bounty Court</u>	
Address	
<u>Treasure Island, FL 33706</u>	
City/State and Zip Code	
<u>Betcdesignz@tampabay.fl.com</u>	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

<u>Bettie Carter</u>	at (<u>727</u>) <u>515-7233</u>
Name of Person	Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

already paid ☒ \$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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Interior Visions Group, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

202 Bounty Court
Treasure Island, FL 33706

Mailing Address:

202 Bounty Court
Treasure Island, FL 33706

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Bettie Carter

Name

202 Bounty Court

Florida street address (P.O. Box **NOT** acceptable)

Treasure Island, FL 33706

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Bettie Carter

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Bettie Carter

202 Bounty Court

Treasure Island, FL 33706

(Use attachment if necessary)

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TALLAHASSEE FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Bettie Carter

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)