# 

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	_				

Special Instructions to Filing Officer:

A. LUNT

MAY 25 2010

**EXAMINER** 

Office Use Only



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2010 MAY 24 PM 2: 3:
SECRETARY OF STATE
ALLIAHASSEE, ESTATE

大学 北海 一

# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Design	Specifications, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this man	ter to the following:	
Wendy Kensl	ler .		
Wendy Kensi		Name of Person	<b>超点</b>
			2010 MAY 21 SECRETAR SALLAH/IS
Design Speci	fications, LLC		王四 三
		Firm/Company	24 1888
1304 N Maitla	and Ave		me R
1504 14 14181118	and Ave	Address	
			72 35 10 35
Maitland, FL	32751		A STATE OF THE STA
	Ci	ty/State and Zip Code	
wrhawn@aol.	.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, pleas	e call:	
	,.		
Wendy Kensler		at (407) 834-0004	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	or the following amount:		
☑\$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 II - Address:	
01 111	
ine mailing address and street address of the	he principal office of the Limited Liability Compan
Principal Office Address:	Mailing Address:
304 N Maitland Ave	1304 N Maitland Ave
Maitland, FL 32751	Maitland, FL 32751
Wendy Kensler	SEE F
Ŋ	Name  Pet address (P.O. Box NOT acceptable)
1304 N Maitland Ave	AAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
	eet address (P.O. Box NOT acceptable)
Florida stre	
Maitland,	FL 32751
Maitland,	ty, State, and Zip
Maitland,	ty, State, and Zip
Maitland, Cit Having been named as registered agent and	

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

F. 1

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Wendy Kensler	
,	1304 N Maitland Ave.	
	Maitland, FL 32751	
MGRM	Jeffrey P Spafford	
	8241 Tibet Butler	
	Windermere, FL 34786	
MGRM	Edward H Hensley	
	4907 Aviva Garden Court	AN T
	Windermere, FL 34786	
		AY 24 PM
		To R M
	<del></del>	
(I lac attachment : S = account)		0 E
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)		(OPTIONAL) five business days prior
	er or an authorized representative of a me	
(In accordance with se of this document cons that the facts stated he	ection 608.408(3), Florida Statutes, the executitutes an affirmation under the penalties of perein are true.)	ution perjury
Wendy Kensler		
T	yped or printed name of signee	<u>=</u>

### 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)