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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Business Entity Name)				
(business Endry Name)				
, 				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only



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T. CLINE

JUL 13 2010

EXAMINER

SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

,	gistration S vision of Co	Section orporations	:	~4 1	
SUBJECT:	TWO FO	OR YOU ART AND DES	SIGN,LLC ed Liability Company		
The enclose	d Articles o	f Organization and fee(s) are	submitted for filing.		
Please return	n all corresp	condence concerning this mat	ter to the following:		
JOS	SHUA TRI	GG			
			Name of Person		
TW	O FOR Y	DU ART AND DESIGN, L			
			Firm/Company		
9015 BANA VILLA COURT					
			Address		
TAN	/IPA, FLO	RIDA, 33635			
•		Cit	y/State and Zip Code		
	\0	shua. TWO For U	or future annual report notification)	0	•
	•	E-mail address: (to be used)	or future annual report notification)		
For further i	nformation	concerning this matter, please	e call:		
JOSHUE	A TRIGG		at (813) 401-	1258	
	Name	of Person	Area Code & Daytime Telep	phone Number	
Enclosed is	s a check fe	or the following amount:		ECRET	PRE ANNEX
□\$125.00 F	iling Fee	2\$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)	S. C.
		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 C	ircle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	18:
TWO FOR YOU ART AND DESIGN, (Must end with the words "Limited Li	LLC iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9015 BANA VILLA COURT	9015 BANA VILLA COURT
TAMPA, FLORIDA, 33625	TAMPA, FLORIDA, 33625
	red Office, & Registered Agent's Signature;
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the JOSHUA TRIGG Na	ne registered agent are:
9015 BANA VILLA CO	URT
	address (P.O. Box NOT acceptable)
TAMPA, FLORIDA, 33635	FL
City	, State, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

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	MARIA GAZABON					
	9015 BANA VILLA COURT					
	TAMPA, FL, 33635					
MGRM .	JOSHUA TRIGG					
	9015 BANA VILLA COURT					
	TAMPA, FL, 33635					
	date of filing: 5/6/2010 07/07/10 (OPTIONAL); specific and cannot be more than five business days prior					
REQUIRED SIGNATURE:	REQUIRED SIGNATURE:					
Signature of a member (In accordance with sect	tion 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury ein are true.)					

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)

Typed or printed name of signee

MARIA GAZABON