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SECRETARY OF STATE
TALLAHASSEF OF STATE

D. BRUCE
SEP 07 2010
EXAMINER



September 2, 2010

Ms. Deborah Bruce Regulatory Specialist II Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 10 SEP -3 PM 2: 53
SECRETARY OF STATE
TALL AHASSEE FLORE

Dear Ms. Bruce,

Enclosed you will find the corrected documents that you requested in your letter dated August 13, 2010 related to our Articles of Organization for Florida LLC.

Please contact us if you require any additional information. Thank you.

Sincerely, Szame E Lande

Suzanne E. Lander Managing Member



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2010

SUSAN NEISWENDER BLACK 1606 EAST JEFFERSON STREET ORLANDO, FL 32803

SUBJECT: ARTINUS, LLC Ref. Number: W10000038332 10 SEP -3 PM 2: 53
SECRETARY OF STATES

We have received your document for ARTINUS, LLC and your check(s) to stalling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 12, 2010. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 510A00019543

COVER LETTER

TO:

Registration Section

Division of Cor	porations						
SUBJECT: ArtInUs, I	LLC						
SUBJECT.		ed Liability Comp	any			•	
The enclosed Articles of	Organization and fee(s) are	submitted for filin	g.				
Please return all correspo	ndence concerning this matt	er to the following	g:				
Su	ısan Neiswender Black						
		Name of Person					
Ar	tlnUs, LLC						_
		Firm/Company		·· ··	SE!	70	
16	06 East Jefferson Stree	t			AH	438	-
		Address	-		ARY	င်	r
Or	lando, FL 32803				F. 02.	PX	r
	Cit	y/State and Zip Cod	le		STA LOR	5:	
art	inus4u@gmail.com E-mail address: (to be used f	For future annual rar	port notification	\	DE	<u>ලා</u>	
		•	ort normeation)	,			
For further information c	oncerning this matter, please	e call:					
Suzanne Lander		at (_407	625-5876		. <u>.</u> .	-	
Name o	f Person	Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount:						
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Co (additional co)	_	S160.00 Certifica Certified (additional	te of St Copy	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address tion Section to of Corporation Building tecutive Center	ons r Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Lia	bility Compan	y is:			
ArtInUs, LLC					
(Must end with t	he words "Limited	Liability Company, "L.L.C.," or	r "LLC.")		
ARTICLE II - Address:					
The mailing address and stre	et address of the	he principal office of the	: Limited L	iability Com	pany is:
Principal Office Address:		Mailing Address	<u>s:</u>		
1606 East Jefferson Street		1606 East Jefferson Stre	eet		
Orlando, FL 32803		Orlando, FL 32803			
					
(The Limited Liability Company cann business entity with an active Florida The name and the Florida str	a registration.) reet address of ackRain Partr	the registered agent are:	-	FALLAH	10 SE
				TAR	,
4:	582 Whimbre	I Place et address (P.O. Box <u>NOT</u> ac		E. C.	°
		•	copiaore)	FLOF	
V <u>V</u>	inter Park Cit	FL 32792 ty, State, and Zip		ORIGINATION OF	0
Having been named as registive liability company at the pregistered agent and agree to statutes relating to the propactions of	stered agent an place designated o act in this cap per and comple my position as	d to accept service of pro d in this certificate, I here pacity. I further agree to te performance of my dut	eby accept t comply wit ties, and I a	the appointme In the provision In familiar w	ent as ons of all ith and

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member 1)62m MGRM MGRM (Use attachment if necessary) **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.) Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LLC

ATTACHMENT A

ARTICLE IV – Manager(s) or Managing Member(s) continued:

<u>Title</u>

Name and Address

MGRM

BlackRain Partners, LLC

5703 Red Bug Lake Road, PMB 173

Winter Springs, FL 32708

