

L110000 22493

(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. LUNN

FEB 22 2010

EXAMINER

Office Use Only



600193329196

02/08/11--01022--026 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB 21 PM 3:02

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2011

EDNA REYNOLDS  
1621 NORTH 16TH AVE.  
PENSACOLA, FL 32503

SUBJECT: IMAGES OF ETIQUETTE LLC  
Ref. Number: W11000008160

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

The document is illegible and not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 611A00003546

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Images of Etiquette 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:

Edna Reynolds  
Name of Person  
Images of Etiquette LLC.  
Firm/Company  
1621 North 16th, Avenue  
Address  
Pensacola, Florida. 32503  
City/State and Zip Code  
Reynoldsedna12@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edna Reynolds at (850) 434-1050  
Name of 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    ☐ \$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:

**IMAGES OF ETIQUETTE 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:

IMAGES OF ETIQUETTE  
1621 NORTH 16TH AVE.  
PENSACOLA FL. 32503

### Mailing Address:

IMAGES OF ETIQUETTE  
1621 NORTH 16TH AVE.  
PENSACOLA FL. 32503

## 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:

**EDNA REYNOLDS**

Name

**1621 NORTH 16TH AVE.**

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

**PENSACOLA FL. 32503**

FL

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB 21 PM 3:02

FILED

*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..*



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:**

MGR

EDNA REYNOLDS  
1621 NORTH 16TH AVE.  
PENSACOLA FL. 32503

MGRM

HUBERT CLINTON REYNOLDS JR.  
1621 NORTH 16TH AVE.  
PENSACOLA FL. 32503

MGRM

STACIE STALLWORTH  
1621 NORTH 16TH AVE.  
PENSACOLA FL. 32503

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**EDNA REYNOLDS**

\_\_\_\_\_  
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)**

2011 FEB 21 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED