L11000041879

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During Fakita Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·
Sharon GAV.
AUTHORIZATICNEY PHONETO
CORRECT FY+V
DATE 417111
DOC. EXAM.

Office Use Only



500198353835

04/06/11--01013--007 **160.00

11 APR -6 PM 2

SECRETARY OF SINITE

SFECTIVE DATE

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: SDN	И Designs LLC		
	Name of Limit	ed Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
Sharon	Martin		
	-	Name of Person	
SDM D	esigns LLC		
		Firm/Company	
4419 M	ahogany Run		
		Address	
Winter H	aven, FL 33884		
		y/State and Zip Code	
shardmar	@hotmail.com E-mail address: (to be used	for future annual report notification)	······································
For further informati	on concerning this matter, please		
Sharon Martin		at (863) 4128386	
Nai	me of Person	Area Code & Daytime Tele	phone 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: SDM Designs 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: Mailing Address:** 4419 Mahogany Run 4419 Mahogany Run Winter Haven, FL 33884 Winter Haven, FI 33884 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: Sharon Martin Name

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..

City, State, and Zip

Florida street address (P.O. Box \underline{NOT} acceptable) en $_{FL}$ 33884

Registered Agent's Signature (REQUIRED)

4419 Mahogany Run

Winter Haven

(CONTINUED)

Page 1 of 2

MGR	Sharon Martin 4419 Mahogany Run Winter Haven, FL 33884	
	Winter Haven, FL 33884	
th married thinks		
TT 44 1 1.50		
Use attachment if necessary)		
	e of filing: March,30 2011 . (OPTIO	
ective date is listed, the date must be sp days after the date of filing.)	ecific and cannot be more than five business of	lays p
anys areo: the date of ming.,	Since 4	
REQUIRED SIGNATURE:		3
4		ž
1 Sharm	Martin	APR-6
Signature of a member or	an authorized representative of a member.	77
(In accordance with section 608.408	(3), Florida Statutes, the execution of this document	Ü
constitutes an affirmation under the	penalties of perjury that the facts stated herein are true, in submitted in a document to the Department of State	

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