L11000051259

(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:

Office Use Only



400205216274

04/28/11--01026--017 **125.00

SECTIVE DATE

SECRETARY OF STATE DIVISION OF CORPORATIONS

N. Cumpun MAY 2 - 2011

COVER LETTER

	istration Section sion of Corporations	•
SUBJECT:	Marti Schmidt Desig	ns LLC
bonder.		ted Liability Company
The enclosed	Articles of Organization and fee(s) are	submitted for filing.
Please return	all correspondence concerning this ma	tter to the following:
<u>Ma</u>	rtha(Marti) Schmidt	Gunter Name of Person
Ма	arti Schmidt Designs	LLC
		Firm/Company
63	West Point Washing	ton Court
		Address
<u>San</u>	ta Rosa Beach, Florida	
in fa		ity/State and Zip Code
into	@martischmidt.com E-mail address: (to be used	for future annual report notification)
For further in	formation concerning this matter, pleas	se call:
Marti Sc	hmidt-Gunter	at (850) 975-8543
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Filing	g Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 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

A	R	T	IC	L	E	Ī	-	ľ	Va:	m	e	;
---	---	---	----	---	---	---	---	---	-----	---	---	---

The name of the Limited Liability Company is:

Marti Schmidt 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:			
63 West Point Washington Ct.	63 West Point Washington Ct			
Santa Rosa Beach	Santa Rosa Beach			
Florida 32459	Florida, 32459			

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:

Martha (Marti) Schmidt-Gunter
Name

63 West Point Washington Ct.

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

Santa Rosa Beach FL 32459

City, State, and Zip

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)

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:

Title: "MGR" = Manager	Name and Address:				
"MGRM" = Managing Member					
MGR	Marti Schmidt-Gunter 63 West Point Washington Ct. Santa Rosa Beach, Florida 32459				
					
(Use attachment if necessary)					

`

ARTICLE V: Effective date, if other than the date of filing: May 1, 2011 . (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.)

Marti Schmidt-Gunter

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)