

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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G. MCLEOD

AUG 17 2011

**EXAMINER** 



400210814494

08/15/11--01034--014 \*\*125.00

THURSTS PHILLIA

## **COVER LETTER**

Division of Corporations	
SUBJECT: The Interior Designer	Store LLC
	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:
Nick Shepherd	
	Name of Person
The Interior Designer Stor	re LLC
	Firm/Company
633 Tamiami Trail North, S	Suite 200
	Address
Naples Florida 34102	
Ci	ty/State and Zip Code
nick@njshepherd.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	e call:
Nick Shepherd	at ( 239 ) 290 2906
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times Certificate of Status	S155.00 Filing Fee & S160.00 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

The name of	the Limited Liability Company is:
The Inte	erior Designer Store LLC
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE I	I - Address:
The mailing	address and street address of the principal office of the Limited Liability Company is:

**ARTICLE I - Name:** 

Principal Office Address:	Mailing Address:
633 Tamiami Trail North	633 Tamiami Trail North
Suite 200	Suite 200
Naples Florida 34102	Naples Florida 34102

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:

Nick Shepherd
Name

633 Tamiami Trail North Suite 200

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

Naples FL 34102
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 positionary registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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## 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:
MGRM	Nick Shepherd 633 North Tamiami Trail Suite 200 Naples Florida 34102
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business d
REQUIRED SIGNATURE:	
Signature of a memb	er or an authorized representative of a member.
constitutes an affirmation under lam aware that any false infor	8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. That it is a document to the Department of State by as provided for in s.817.155, F.S.)
constitutes a third degree felon  Nick Shepher	

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