# L1100009607

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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D. BRUCE

AUG 2 2 2011

**EXAMINER** 

### COVER LETTER

Division of Corporations	
SUBJECT: Custon Flora Desig	ns LLC
Name of Limite	d Liability Company
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Round Eugene John:	50~
	Name of Person
Ronad Eugene John: Custom Flour Des	igns LLC
	Firm/Company
117 Dickson Bry P	·l
	Address
Panacea FL 3234/A City  Ponald Johnson 2500  E-mail address: (to be used for	6
City	/State and Zip Code
forald Johnson 2500	a yahoo. com
For further information concerning this matter, please	call:
Ronald E Johnson Name of Person	at (850 ) 294 95 10
Name of Person	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee &\$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy
	(additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
i alianassee, FL 32314	Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

117 Occhson Buy Red 117 Occhson Buy Red Paracea FL 32346 Paracea FL 32346		
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:	11 46	an Frank
Rond Johnson Name	622 PH H	
Florida street address (P.O. Box NOT acceptable)  Pancer FL 32346  City, State, and Zip	2:40	

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: \_\_\_ (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.)

Ronald E Johnson
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)