## 1-12000001321

(Re	equestor's Name)	,
(Ad	ldress)	
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2012 JAN 13 PH 1:27
SECRETARY OF STATE

J. BRYAN

JAN 17 2012

**EXAMINER** 

## **COVER LETTER**

	on Section of Corporations		
<sub>subject:</sub> Lar	ntana Metal Desigr	ns, LLC	
	Name of Lin	mited Liability Company	
The enclosed Articl	es of Organization and fee(s) ar	are submitted for filing	
		-	
Please return all con	respondence concerning this m	natter to the following:	70
<u>Toni P</u>	lenzio		
		Name of Person	m
		SET O	\ <u>\</u>
<del>, , ,</del>		Firm/Company	
1784 F	inn Hill Drive	ORIE	2
	THI THE DIVC	Address	
<b>5</b> .	<b>D</b> 1 <b>T</b> 20.400		
Boynton	Beach, FL 33426	City/State and Zip Code	
flchic777	@aol.com	Chyrstate and Zip Code	
		ed for future annual report notification)	
For further informat	ion concerning this matter, plea	ase call:	
Toni Plenzio		FG4 740 0050	
	me of Person	at ( 561 ) 718-2352  Area Code & Daytime Telephone Number	
		The state of the s	
Enclosed is a check	k for the following amount:		
]\$125.00 Filing Fee	\$130.00 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	

## KILED 1.27 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY **ARTICLE I - Name:** The name of the Limited Liability Company is: Lantana Metal 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:** 1784 Finn Hill Drive 1784 Finn Hill Drive Boynton Beach, FL 33426 Boynton Beach, FL 33426 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: Toni Plenzio Name

1784 Finn Hill Drive

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

Boynton Beach

<sub>FL</sub> 33426

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	naging Member(s): ager or Managing Member is as follows:  Name and Address:
Width — Managing Memoer	
mgr	Christina Plenzio
	1784 Finn Drive
	Boynton Beach, FL 33426
Use attachment if necessary)  LE V: Effective date, if other than the	e date of filing: (OPTION
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTION oe specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must be	e date of filing: (OPTION oe specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	pe specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTION to e specific and cannot be more than five business date.  Plant  er or an authorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a	pe specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 600 constitutes an affirmation under 1 am aware that any false infor constitutes a third degree felon Toni Plenzio	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)