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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | | | | |
| Special Instructions to | Filing Officer: | , | | |
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Office Use Only



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SECRETARY OF STATE
AND AHASSEE, FLORID.

B. BOSTICK

MAR 2 6 2012

EXAMINER

COVER LETTER

| то: | Registration 5 Division of Co | | | | | |
|-------------------|-------------------------------|---|---|---|--|--|
| SUBJ | ECT: The De | sign Cooperative, LLC | | | | |
| | | Name of Limited | d Liability Compa | any | | |
| The er | aclosed Articles o | f Organization and fee(s) are su | abmitted for filing | 3 . | | |
| Please | return all corresp | ondence concerning this matte | r to the following | : | | |
| | Marissa Kar | theiser | | | | |
| | | ì | Name of Person | | | |
| | The Design | Cooperative, LLC | | | | |
| | Firm/Company | | | | | |
| | 171 N. Sho | re Drive Unit 302 | | | | |
| | | | Address | | | |
| | Miami Beach | , FL 33141 | | | | |
| | | • | State and Zip Code | : | | |
| | marissakarth | neiser@hotmail.com | | · · · · · · · · · · · · · · · · · · · | | |
| | | E-mail address: (to be used for | • | ort notification) | | |
| For fu | ther information | concerning this matter, please | call: | | | |
| Maris | ssa Kartheise | r | , 630 | 338-9986 | | |
| | Name | of Person | at (| & Daytime Telephone Nu | mber | |
| | | | | | | |
| Enclo | sed is a check to | or the following amount: | _ | | | |
| \ \$125.00 | Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filin Certified Cop (additional copy | py. Certifi v is enclosed) Certifi | 00 Filing Fee, cate of Status & ed Copy nal copy is enclosed) | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrati Division Clifton B | ourier Address on Section of Corporations uilding ecutive Center Circle | 12 MAR SECRETA TALLAHA | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Beyond Design The Design Cooperative, LLC (Must end with the words "Limited Liability Company, ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Malling Address: 171 N. Shore Drive Unit 302 171 N. Shore Drive Unit 302 Miami Beach, FL 33141 Miami Beach, FL 33141 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 cutity with an active Plorida registration.) The name and the Florida street address of the registered agent are: Marissa Kartheiser 171 N. Share Drive Unit 302 Florida street address (P.O. Hox NOT acceptable) Miami Beach 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 ny position as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| 3* | - | . ų | |
|--------|--|--|-----|
| | | | |
| | ARTICLE IV- Manager(s) or Managin The name and address of each Manager of | ig Member(s): or Managing Member is as follows: | |
| | Title: "MGR" * Manager "MGRM" = Managing Member | Name and Address: | |
| | MGR | Marissa Kartheiser 171 N. Shore Drive Unit 302 Miami Beach, FL 33141 | |
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| | | TAR 12 | T |
| | The state of the s | A 9.2 | EO |
| | | | |
| | (Use attachment if necessary) | | |
| (If an | CLE V: Effective date, if other than the dat effective date is listed, the date must be sp 0 days after the date of filing.) | e of filing: March 8, 2012 (OPTIONAL) seelfile and cannot be more than five business days prior | 13, |
| | REQUIRED SIGNATURE: | | |
| | Signature of a member of | se than h | |
| | (In accordance with section 608,400 constitutes an affirmation under the Lam aware that any talks information constitutes a third degree felony as | A(3). Florida Statutes, the execution of this document a penalties of perjury that the facts stated herein are bue, on submitted in a document to the Department of State provided for in s.817.155, F.S.) | |
| • | Marissa Karthelser Typed | or printed name of signee | |
| | Elling 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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2012

MARISSA KARTHEISER 171 N. SHORE DRIVE UNIT 302 MIAMI BEACH, FL 33141

SUBJECT: THE DESIGN COOPERATIVE, LLC

Ref. Number: W12000014411

We have received your document for THE DESIGN COOPERATIVE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L07000121578,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

www.sunbiz.org

Letter Number: 412A00009179