

L12000092124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

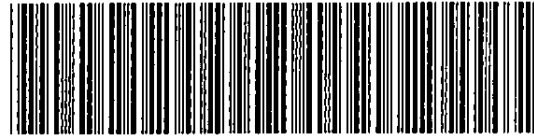
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W12000035843

Office Use Only

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07/17/12--01005--001 **125.00

12 JUL 16 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FL 32399

APPROVED
AND
FILED

D. BRUCE
JUL 17 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2012

ROSEANN KAWALSKI
P.O. BOX 793
PONTE VEDRA BEACH, FL 32004

SUBJECT: DIG IT GREEN ACCENTS, LLC
Ref. Number: W12000035843

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DIG IT GREEN ACCENTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 112A00018199

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dig It Garden Accents, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roseann Kowalski

Name of Person

Dig It Garden Accents, LLC

Firm/Company

P.O. Box 793

Address

Ponte Vedra Beach, FL 32004

City/State and Zip Code

dig.it@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roseann Kowalski

at (**904**) **803-6094**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dig It Garden Accents, 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:

201 Colima Ct. Unit 1228
Ponte Vedra Beach, FL 32082

Mailing Address:

P.O. Box 793
Ponte Vedra Beach, FL 32004

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:

Roseann Kowalski

Name

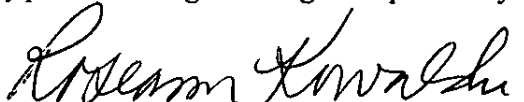
201 Colima Ct. Unit 1228

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

Ponte Vedra Beach, FL 32082

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)

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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:

MGR

Roseann Kowalski

201 Colima Ct. Unit 1228

Ponte Vedra Beach, FL 32082

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Roseann Kowalski

Typed or printed name of signer

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)