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FILES

SECRETARIA SESSIONE

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J. BRYAN

JUL 20 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corp		•	
SUBJECT:	signature /	tome Concepts Liability Company	LLC
	Name of Limited	Liability Company	
The enclosed Articles of C	Organization and fee(s) are su	sbmitted for filing.	
Please return all correspon	dence concerning this matte	r to the following:	
Toda	1 Vowell		
	1	Name of Person	
<u></u>		Firm/Company	The No
3020	N. Fulme	CIC.	
		Address	E. 4
Talla	hassee F	=1 32303	***
ValTec	6 flooring E-mail address: (to be used for	7 37303  State and Zip Code  Of Yahoo. Core  or future annual report notification)	<u> </u>
	oncerning this matter, please		
Todd Name of	Vowell Person	at (850) 294- Area Code & Daytime Tele	43/4 phone Number
music 12 of the	d Cu		
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 (	S

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABI **ARTICLE I - Name:** The name of the Limited Liability Company is:

Signature Home Concepte 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:

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:

Todd Vowell

Name

3020 N. Fulmer Cir.

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

Tallahassee FL 32303

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..

Begistered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jodd Nowell 3020 N. Fulmer Cir
MGRM	Isham Sheffield Sr. 5504 Green Meadows Ct
	Tallahassee, Fl 32303
<del></del>	
(Use attachment if necessary)	
CICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	the date of filing: 7-20-/2 (OPTIONAL)  be specific and cannot be more than five business days pri

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.)

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)