

W12000123564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

505-

W12000043476



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09/26/12--01002--004 **55.00

08/20/12--01022--001 **70.00

FILED
2012 SEP 26 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 27 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2012

SARAH EILEEN DITULLIO 2ND MAILING
4331 WINDING PLACE
FORT PIERCE, FL 34981

SUBJECT: WILDFIRE CLAY STUDIOS LLC
Ref. Number: W12000043476

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TALLAHASSEE, FLORIDA

We have received your document for WILDFIRE CLAY STUDIOS LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 012A00021467

12 SEP 19 AM 11:11
PROFIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wildfire Clay Studio 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:

Eileen DiTullio
Name of Person

Wildfire Clay Studio
Firm/Company

4331 Winding Pl
Address

Ft Pierce, FL 34981
City/State and Zip Code

wildfireclaystudio@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen DiTullio at (**772**) **201-6860**
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

FILED
2002 SEP 26 PM 1:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wildfire Clay Studio LLC

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

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2012 SEP 26 PM 1:06
TALLAHASSEE, FLORIDA
REGISTERED CLERK OF CIRCUIT COURT

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

225 Orange Ave
Ft Pierce, Fl 34950

4331 Winding Pl
Ft Pierce, Fl 34981

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:

Eileen DiTullio
Name

4331 Winding Pl
Florida street address (P.O. Box **NOT** acceptable)

Ft Pierce FL 34981
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)

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 _____

Eileen DiTullio
4331 Winding Pl
Ft Pierce, FL 34981

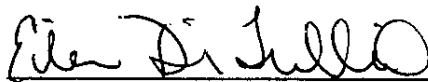
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FILING OFFICE
FT. PIERCE, FL

(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.)

Eileen DiTullio

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)