

U3000019268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

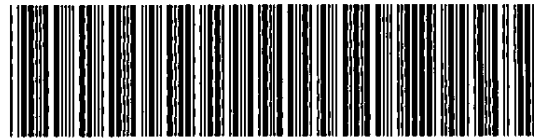
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

effective date
per conversation

Office Use Only



600241896846

Effective Date 1-4-13

02/04/13--01015--014 **125.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2013 FEB -6 PM 4:10

FILED

J. SAULSBERRY
EXAMINER

FEB 6 2013

~~NO~~

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUSTOM DECOR BY C, 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:

Connie Mathis

Name of Person

CUSTOM DECOR BY C, LLC

Firm/Company

141630 Maddelena Circle

Address

FORT MYER, FL 339167

City/State and Zip Code

CUSTOMDECORBYC@gmail.com

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

RECEIVED
TALLAHASSEE
FLORIDA

2013 FEB - 6 PM 4: 30

FILED

For further information concerning this matter, please call:

CONNIE MATHIS

Name of Person

at (704) 829-1452

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CUSTOM DECOR BY C, 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:

19630 Maddelena Cir
FORT MYERS, FL 33967

Mailing Address:

19630 Maddelena Cir
FORT MYERS, FL 33967

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:

Connie Mathis

Name

19630 Maddelena Circle

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

FORT MYERS FL 33967

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.

Connie Mathis

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2013 FEB - 6 PM 4:10
CLERK OF STATE
ALL AMES STATE, FLORIDA

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:

MGRM

CONNIE MATHIS
19630 Middeleng Cir
FORT MYERS, FL 33967

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2-6-13 (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:

Connie Mathis

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.)

CONNIE MATHIS

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)

FILED
2013 FEB -6 PM 4:10
STATE DEPARTMENT OF STATE
TALLAHASSEE FLORIDA