

02/06/2013 11:50 Public (FAX) 850 215 9045 P.001/004
Division of Corporations Page 1 of 1
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : PYNE LAW GROUP
Account Number : I20110000059
Phone : (850) 215-9090
Fax Number : (850) 215-9045

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Laura.Pyne@pyne.lawgroup.com

FLORIDA LIMITED LIABILITY CO.
Linda Artman's ArtStarts LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
13 FEB -6 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
13 FEB -6 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB -7 2013

H130000290203

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Linda Artman's ArtStarts 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:

Laura C. Pyne

Name of Person

Pyne Law Group, P.A.

Firm/Company

2309 Frankford Ave., Ste A

Address

Panama City, FL 32405

City/State and Zip Code

laurapyne@pynelawgroup.com

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

For further information concerning this matter, please call:

Laura C. Pyne

Name of Person

at (**850**) **215-9090**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Linda Artman's ArtStarts 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:2309 Frankford Ave., Ste APanama City, FL 32405**Mailing Address:**2309 Frankford Ave., Ste APanama City, FL 32405**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:

Pyne Law Group, P.A., c/o Laura C. Pyne

Name

2309 Frankford Ave., Ste AFlorida street address (P.O. Box **NOT** acceptable)Panama City, FL 32405

FL

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

Linda Artman

P.O. Box 28466

Panama City, FL 32411

MGR

David H. Artman, Jr.

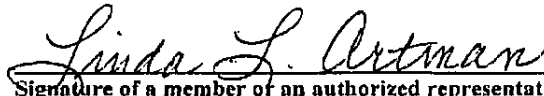
P.O. Box 28466

Panama City, FL 32411

(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 of 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.)

Linda Artman

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)

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