

#L13000020694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

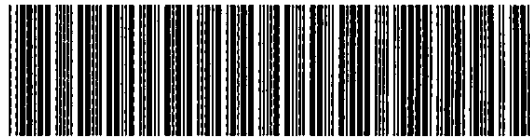
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/16/13--01004--004 **125.00

FILED
13 FEB -7 PM 3:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB - 8 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2013

ROBERT T MALANGA
591 HORSEMAN DRIVE
OVEDO, FL 32765

SUBJECT: SEMINOLE DESIGN, LLC
Ref. Number: W13000003489

We have received your document for SEMINOLE DESIGN, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is P06000056857 "SEMINOLE DESIGN, INC.".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 213A00001376

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Seminole Design, 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:

Robert T Malanga

Name of Person

Seminole Design, LLC

Firm/Company

591 Horseman Drive

Address

Ovedo, FL 32765

City/State and Zip Code

rjmalanga@gmail.com

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

For further information concerning this matter, please call:

Robert T Malanga

Name of Person

at (**407**) **927-2038**

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

AFFIDAVIT OF ROBERT T. MALANGA

Name: **Robert Malanga**

Occupation: Home Remodeling/Owner/MGR


FILED
13 FEB -7 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Robert T. Malanga, swear or affirm:

1. That I am the Owner of SEMINOLE DESIGN INC. P06000056587. I am currently seeking to file paperwork with the Florida Department of State for SEMINOLE DESIGN LLC. I swear that the principals are the same in both entities.

Further affiant saith not.

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.


Robert T. Malanga

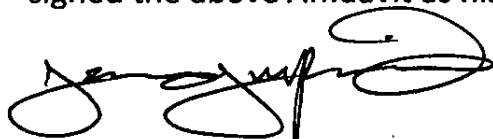
January 28, 2012

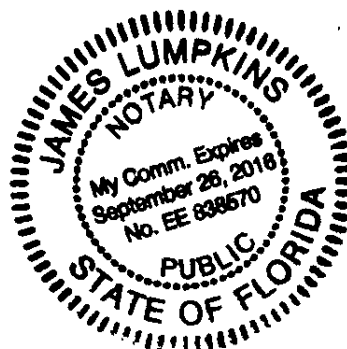
Robert T. Malanga

STATE OF FLORIDA

COUNTY OF SEMINOLE

I, the undersigned Notary Public, do hereby affirm that Robert T. Malanga personally appeared before me on the 5 day of FEBRUARY 2013, and signed the above Affidavit as his free and voluntary act and deed.


JAMES LUMPKINS
NOTARY PUBLIC



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Seminole Design, 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:

591 Horseman Drive

Ovedo, FL 32765

Mailing Address:

591 Horseman Drive

Ovedo, FL 32765

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:

Robert T Malanga

Name

591 Horseman Drive

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

Ovedo

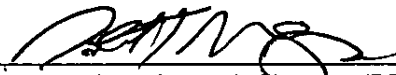
FL

32765

City, State, and Zip

FILED
13 FEB -7 PM 3:03
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)

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

Robert T Malanga

591 Horseman Drive

Oviedo, FL 32765

(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.)

Robert T Malanga

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)