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PICK-UP	☐ WAIT	MAIL
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B. BOSTICK
MAY 15 2013
EXAMINER

(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

FACADESCAPES

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:

PETER E. CHAKNIS	
Name of Person	
FACADESCAPES	
Firm/Company	
616 SEA OATS DRIVE	
Address	
DESTIN, FLORIDA 32541	 1
City/State and Zip Code	
IZZYCHAKNIS@YAHOO.COM	SECRETA ASLLANDA
E-mail address: (to be used for future annual report notification)	D-1 -<
For further information concerning this matter, please call:	Sa F
GEORGE CHAKNIS 850 4960658	
Name of Person Area Code & Daytime Telephor	ne Number
Enclosed is a check for the following amount:	
	160.00 Filing Fee, Pertificate of Status &

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FACADESCAPES LL	LC			
(1	Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - A	Address:			
The mailing addr	ress and street address	of the principal office of the Limited Li	ability Company i	s:
Principal Office	Address:	Mailing Address:		
616 SEA OATS DRI\	√E	616 SEA OATS DRIVE		
DESTIN, FLORIDA 3	2541			
*		DESTIN, FLORIDA 32541	Signatura.	
ARTICLE III - The Limited Liability	Registered Agent, Re	egistered Office, & Registered Agent's own Registered Agent. You must designate an indivi	idual or another	
ARTICLE III - The Limited Liability business entity with a	Registered Agent, Re Company cannot serve as its in active Florida registration.)	egistered Office, & Registered Agent's own Registered Agent. You must designate an indivi	idual or another	****7"1
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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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

!! * * * * * * * * * *	Name and Address:
"MGR" = Manager	
"MGRM" = Managing !	Member
MGR	PETER E CHAKNIS
	616 SEA OATS DRIVE
	DESTIN, FLORIDA 32541
MGRM	JOHN T CHAKNIS
	616 SEA OATS DRIVE
	DESTIN, FLORIDA 32541
(Use attachment if necessity) CLE V: Effective date, if	other than the date of filing: (OPTIONAL)
CLE V: Effective date, if	other than the date of filing: (OPTIONAL) he date must be specific and cannot be more than five business da
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