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FLORIDA LIMITED LIABILITY CO.
Cursiv Signature, LLC

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**ARTICLES OF ORGANIZATION
OF
Cursiv Signature, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Cursiv Signature, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
6202 Presidential Ct. Suite: E, Ft. Myers, Florida 33919.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS


The name and address of the initial registered agent is: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the names and addresses of the members of the Limited Liability Company are:
Dolmar Cross, 6202 Presidential Ct. Suite: E, Ft. Myers, Florida 33919
Keisha Cross, 6202 Presidential Ct. Suite: E, Ft. Myers, Florida 33919



Date: July 18, 2013

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
608-827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: *Cursiv Signature, LLC*

The name and address of the registered agent and office is *Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.*

Having been named as registered agent and to accept service of process for the above stated 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.



Signature: _____
Mark Williams, A.V.P. *Business Filings Incorporated*

Date: *July 18, 2013*

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