

JUL-18-2013 5:21

08 17 5 01

08 17 5 01 P: 101

# L13000102190

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000161262 3)))



H130001612623ABOV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

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

Email Address: dolmarcross@gmail.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUL 18 AM 8:15

FILED

**FLORIDA LIMITED LIABILITY CO.**  
**Cursiv Signature, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

13 JUL 18 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

FAX AUDIT # H13000161262 3

2013 JUL 18 AM 8:15

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

FAX AUDIT # H13000161262 3

FAX AUDIT # H13000161262 3

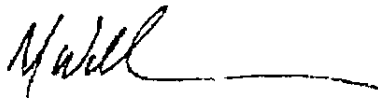
CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

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*

FILED  
2013 JUL 18 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT # H13000161262 3