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| (Requestor's Name) | - | | | | |
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| (Address) | | | | | |
| | , | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT N | IAIL | | | | |
| (Business Entity Name) | | | | | |
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| (Document Number) | | | | | |
| Certified Copies Certificates of Status _ | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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T. HAMPTON

COVER LETTER

| - Division of C | | | |
|---------------------------|--|--|-------------------------|
| SUBJECT: | 211 DESIG | N LLC | |
| | | ted Liability Company | |
| The enclosed Articles of | of Organization and fee(s) are | submitted for filing. | |
| Please return all corresp | pondence concerning this mat | ter to the following: | |
| | NOREEN C. | GARDNER | |
| | | | |
| 21 | 11 DESIGN | Firm/Company | <u></u> |
| | | Firm/Company | |
| | 211 NORTH | DUVAL ST. | |
| - | | Address | |
| | QUINCY, FLOR | 104 3235/ ty/State and Zip Code ES/6W O Ho TMA/6 for future annual report notification) | |
| | Ci | ty/State and Zip Code | |
| Non | E-mail address: (to be used | for future annual report polification) | c.Com |
| | concerning this matter, please | | |
| | | | |
| NOREEN G | ARDNER | at (850 339- 9 | 9007 |
| Name | of Person | Area Code & Daytime Telep | hone Number |
| Enclosed is a check f | or the following amount: | | |
| \$125.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | Certificate of Status & |
| | Mailing Address Registration Section | Street/Courier Address Position Section | |
| | Division of Corporations | Registration Section Division of Corporations | |
| | P.O. Box 6327 Tallahassee, Ft. 32314 | Clifton Building | irele |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DESIGN LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

| The mailing address and street | address of the pri | ncipal office of the Limited | Liability (| Compa | any is: |
|--|---|--|--|-----------------------------|-------------------------|
| Principal Office Address: | | Mailing Address: | | | |
| 211 NORTH DUVAC QUINCY, FL. 32 | . ST. 351 | 211 NORTH DU ONINCY, FL. 3: | VAL ST 2351 | ?. - - | |
| ARTICLE III - Registered A (The Limited Liability Company cannot a business entity with an active Florida re | serve as its own Registe | Office, & Registered Agen ared Agent. You must designate an inc | t's Signat lividual or an | ture: other | |
| The name and the Florida stree | 1 1 | • | | | |
| Nore | EN C. GARL | ONER | | | |
| _21/ | | DUVAL ST. | | | |
| $\mathcal{O}_{\mathcal{A}}$ | | ress (P.O. Box <u>NOT</u> acceptable) | | | |
| <i>\(\psi\v\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | City, Star | FL 3235/ te, and Zip | | | |
| Having been named as register liability company at the place registered agent and agree to all statutes relating to the preand accept the obligations of | ce designated in the act in this capacion oper and complete | nis certificate, I hereby accept ty. I further agree to comply e performance of my duties, a | t the appoi with the p nd I am fai | intmen rovisio miliar | nt as ons of with |
| Regis | Um. CAL | nre (REOUIRED) | | | |
| | (CONTINU | | SEORE IVA | 2013 SEP 19 | — |
| | Page 1 of 2 | | | <u></u> | m |

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager Name and Address: "MGRM" = Managing Member (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.) 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)