

L13000 171122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

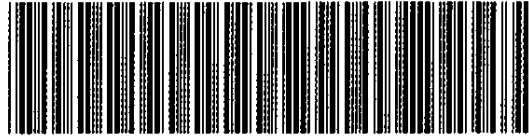
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900254457859

12/11/13--01027--009 **320.00

EFFECTIVE DATE

1/1/14

RECEIVED
TO AWARD ONE
SUFFICIENCY OF FILING

2013 DEC 11 PM 12:07

RECEIVED
OFFICE OF STATE
CORPORATIONS

RECEIVED
FLORIDA

13 DEC 11 PM 12:24

RECEIVED
FILED

DEC 11 2013

T. HAMPTON

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUNKY VINTAGE INTERIORS, 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:

Juli Wood Sumner
Name of Person

Firm/Company

2801 CHANCELLORSVILLE DRIVE # 922
Address

TALLAHASSEE FL 32312
City/State and Zip Code

funkyvintage @ email.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE CARPENTER at (850) 545-7408
Name of Person 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

EFFECTIVE DATE

11/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FUNKY VINTAGE INTERIORS, 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:

Mailing Address:

6265 OLD WATER OAK RD
STE 103
TALLAHASSEE FL 32312

SAME

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:

BRUCE CARPENTER

Name

2801 CHANCELLORSVILLE DR #1228

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

TALLAHASSEE FL 32312

City, State, and Zip

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..

Bruce Carpenter

Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED
FLORIDA

13 DEC 11 PM 12:24

ARTICLE
FILED

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:

MGRM

Juli Wood SUMNER
2801 CHANCELLORSVILLE DR #922
TALLAHASSEE FL 32312

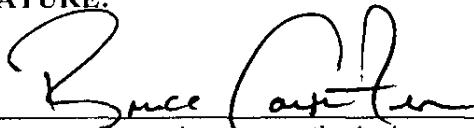
MGRM

BRUCE CARPENTER
2801 CHANCELLORSVILLE DR #1228
TALLAHASSEE FL 32312

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01-01-2014. (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.)

BRUCE CARPENTER

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)

13 DEC 11 PM 12:24
STATE OF FLORIDA
ARTICLE
FILED