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| (Re | equestor's Name) | |
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| (Ac | idress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone # | () |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Name |) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates o | f Status |
| Special Instructions to | Filing Officer: | |





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T. BROWN

COVER LETTER

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TO:

Registration Section

| | egistration Section ivision of Corporations | , | * * . | |
|--------------------------------|---|-------------------------------|---|--|
| SUBJECT | : FANTASTIC | ume of Limited Liabi | DES161 lity Company | |
| The enclos | ed Articles of Organization an | d fee(s) are submitte | d for filing. | |
| Please retu | rn all correspondence concern | ing this matter to the | following: | |
| | GREE | ory B | nown f Person | |
| | FANT | Firm/C | JEB D | ESI6N |
| | 3006 | MANATHO | N AUE | |
| | | Add | ress | |
| | ORL, | City/State a | - 3280 | 15 |
| | | • | • | |
| | E-mail address | (to be used for future | annual report notif | E RU Ercs. COM ication) |
| For further | information concerning this n | | | |
| <u>6nea</u> | Name of Person | at (<u></u> 40 7 Area Coo | Daytime | - 428/ Telephone Number |
| Enclosed is | a check for the following amo | ount: | | |
| ₩ \$125.00 Fi SEE LE | Certificate of | Status Certif | 00 Filing Fee & ied Copy nal copy is enclosed | 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: FANTASTIC WEB DESIGN 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: |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 300 (MARATHON AVE 3006 MARATHON AVE ORLANDO, FL 32805 |
| 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: |
| GREGORY Brown |
| Florida street address (P.O. Box NOT acceptable) |
| OPLANDO FL 32805 City 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 605, F.S |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| Citle: AMBR" = Authorized Member MGR" = Manager | Name and Address: |
|---|--|
| Mbr | GREG BROWN 3006 MALGETHUN AVE ORLANDO, FL 32805 |
| AMBR | TERESA BROWN 3006 MARATHON AVE ORLANDO, FL 32805 |
| | *** |
| Use attachment if necessary) | |
| V: Effective date, if other than the date tive date is listed, the date must be s | e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9 |
| EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) | e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9 |
| V: Effective date, if other than the date tive date is listed, the date must be spling.) VI: Other provisions, if any. | e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9 |
| CVI: Other provisions, if any. EVI: Other provisions, if any. Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info | pecific and cannot be more than five business days prior to or 9 nember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)