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(Requestor's Name)
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EFFECTIVE DATE

JUL 2 1 2014

T RROWN

COVER LETTER

Division of Corporations		
CLID LECT. Of Tubble Interiors (IC		
SUBJECT: <u>CL Tuttle Interiors LLC</u> Name of Lim	nited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Constance Tuttle Lill		
	Name of Person	
CL Tuttle Interiors LLC		
	Firm/Company	
5571 Dianthus ST	Address	
	Vadices	
Green Cove Springs, FL 32043	ity/State and Zip Code	
eltuttie@hellseuth net	•	
·	for future annual report notifica	tion)
For further information concerning this matter, plea	se caii:	
Constance Tuttle Lill at (5		ephone Number
Think of Telebon	And Code Bayanie 101	opnione i també.
Enclosed is a check for the following amount:	-	
✓ \$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u>	Street/Courier Addr	<u>ess</u>
Registration Section Division of Corporations	Registration Section Division of Corporat	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Cent Tallahassee, FL 3230	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2014

CONSTANCE TUTTLE LILL 5571 DIANTHUS ST GREEN COVE SPRINGS, FL 32043

SUBJECT: CL TUTTLE INTERIORS "LLC."

Ref. Number: W14000029556

We have received your document for CL TUTTLE INTERIORS "LLC." and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is 619425.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 014A00010022

CL TUTTLE INTERIORS LLC.

July 6, 2014

Florida Department of State, Division of Corporations PO Box 6327 Tallahassee, Florida 32314 Attention: Teresa Brown, Regulatory Specialist II

Dear Teresa:

I am writing in reference to Letter Number: 014A00010022.

Currently I have CL Tuttle Interiors Incorporated (619425). It has been a Florida Corporation since 1979.

I have closed the corporation. In its place will be CL Tuttle Interiors LLC. Hence, there should be no conflict with the names.

Thank you for assistance.

Very truly.

Constance L. Tuttle Lill

email connelill@cltuttle.com

		EFFECTIVE DA	ATE.
		5-1-14	COMPANY ANASSEE OF THE SECONDARY
,	1		18 March A
A DATE			TON THAT YOU S A
AKI	ICLES OF ONGANIZATION FO	R FLORIDA LIMITED LIABILITY	COVIDANT MASSING
ARTICLE I - Name:			1600 1160 1160 1160 1160 1160 1160 1160
The name of the Limite	ed Liability Company is:		2000
			NOA
CL Tuttle Interiors "L	LC."	ted Liability Company, "L.L.C.,"	
(1	Must clid with the words Emili	icu Liabinty Company, L.L.C.,	or Elec.
ARTICLE II - Addre The mailing address an		l office of the Limited Liability (Company is:
Principal Office Addr	ess:	Mailing Address:	
5571 Dianthus ST		5571 Dianthus ST	<u>.</u>
Green Cove Springs	FL 32043	Green Cove Springs, Fl	_ 32043
(The Limited Liability	tered Agent, Registered Offic Company cannot serve as its ov with an active Florida registra	ee, & Registered Agent's Signa wn Registered Agent. You must tion.)	ture: designate an individual or
The name and the Flori	da street address of the register	red agent are:	
	Constance Tuttle Lill		_
	Nai	me	
	5571 Dianthus ST		_
	Florida street address (P.O. E	Box NOT acceptable)	
	Green Cove Springs,	FL 32043	-
	City	Zip	
11			stated limited liability same any at

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>`itle:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:
MBR	Constance Tuttle Lill
	5571 Dianthus ST
	Green Cove Springs, FL 32043
	•
•	
 	
Use attachment if necessary) CV: Effective date, if other than the ctive date is listed, the date must by filling.)	date of filing: May 1, 2014 (OPTIONAL) e specific and cannot be more than five business days prior to or
CV: Effective date, if other than the ctive date is listed, the date must b	date of filing: May 1, 2014 (OPTIONAL) e specific and cannot be more than five business days prior to or
V: Effective date, if other than the stive date is listed, the date must be filling.) VI: Other provisions, if any. EFOUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or
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V: Effective date, if other than the ctive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the ctive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false in the constitute in the const	e specific and cannot be more than five business days prior to or
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V: Effective date, if other than the cive date is listed, the date must be filing.) VI: Other provisions, if any. REOURED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false is constitutes a third degree in the constitutes at third degree in the constitutes at the con	member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State telony as provided for in s.817.155, F.S.)