

U4000157912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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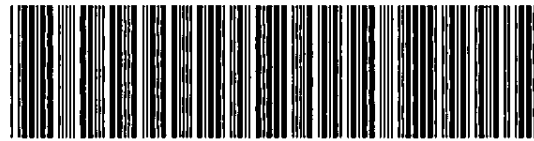
(Business Entity Name)

(Document Number)

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OCT - 8 2014
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT - 6 PM 1:54

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2014

JEFFREY SUTER
16773 HOLLAND LN
SPRING HILL, FL 34610

SUBJECT: ARTISAN SUPPLY, L.L.C.
Ref. Number: W14000057263

2014 OCT -6 PM 1:54
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ARTISAN SUPPLY, L.L.C. and your check(s) totaling \$160.00. 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 P14000004754.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 314A00020029



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2014

JEFFREY SUTER
16773 HOLLAND LN
SPRING HILL, FL 34610

SUBJECT: ARTISAN SUPPLY, L.L.C.
Ref. Number: W14000057263

FILED
2014 OCT -6 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Tammi Cline
Regulatory Specialist II

Letter Number: 314A00020029

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Artisan Supply, 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:

Jeffrey L. Suter
Name of Person

Artisan Supply, LLC.
Firm/Company

16773 Holland Ln
Address

Spring Hill, FL 34610
City/State and Zip Code

jsuter@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Suter at (352) 398-5376
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

26th OCT -6 PM 1:54

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT -6 PM 1:54

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Artisans Attic, L.L.C.

(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:

16773 Holland Ln
Spring Hill, FL 34610

Mailing Address:

16773 Holland Ln
Spring Hill, FL 34610

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:

Jeffrey L. Suter
Name

16773 Holland Ln
Florida street address (P.O. Box **NOT** acceptable)
Spring Hill FL 34610
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

Jeffrey L. Suter

16773 Holland LN

Spring Hill FL 34610

David C. Firminger

16706 U.S. 41

Spring Hill, FL 34610

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Jeffrey L. Suter

Typed/or printed name of signer

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)