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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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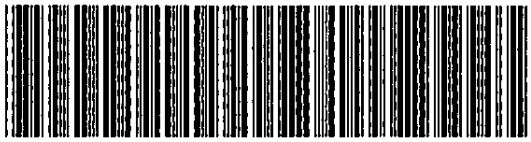

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TALLAHASSEE FLORIDA

NOV 07 2014
J. BRUCE

Contact Info

Joshua Smith
1405 Graham Rd.
Venice FL. 34293
(941) 726-3910

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section**
**Division of Corporations**

SUBJECT: Shark Coast Interior Concepts. L.L.C.
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:

Joshua Smith
Name of Person

Shark Coast Interior Concepts L.L.C.
Firm/Company

1405 Graham Rd.
Address

Venice FL. 34293
City/State and Zip Code

J.Smith@SharkCoastInteriorConcepts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Smith at ( 941 ) 726-3910
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Shark Coast Interior Concepts 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:**

Joshua Smith
Nigel S. Hilton

**Mailing Address:**

1405 Graham Rd. Venice FL 34293
~~1165 Russell Ave Sarasota FL 34232~~
1405 GRAHAM RD. Venice FL. 34293

**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:

Joshua Smith
Name

1165 Russell Ave ~~Sarasota~~
Florida street address (P.O. Box **NOT** acceptable)

Sarasota FL 34232
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)**



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

| **Title:** "AMBR" = Authorized Member "MGR" = Manager | **Name and Address:** |
|---|---|
| AMBR | Joshua Smith<br>1165 Russell Ave<br>Sarasota FL 34232 |
| AMBR | Nigel S. Hilton<br>1405 Graham RD.<br>Venice FL. 34293 |
| | |
| | |

(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.)

Nigel S. Hilton
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)**

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