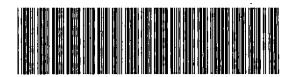
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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ELEKTIVITE DE L'ALLE

KGALY EXAMINER FEB - 9 2015

Society of Mixed Media Artists P.O. Box 551430 Jacksonville, Florida 32255

January 26, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Please find enclosed our check #1170 in the amount of \$130.00, along with our completed Articles of Organization For Florida Limited Liability Company.

If you have any questions, or require additional information, please call me at (904) 962-2992.

Thank you,

Becky Craig, Treasurer

Society of Mixed Media Artists

/bc

Enclosures

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: Society of Mixed Media Artists, L Name of Li	LC mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Rebecca Craig	Name of Person	
	Society of Mixed Media Artists	n: /a	
		Firm/Company	
	P.O. Box 551430	Address	
	Jacksonville, Florida 32255		
		City/State and Zip Code	
<u>be</u>	ckybowencraig@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, pla	ease call:	
Rebec	ca Craig at (Labara Nambar
	Name of Person	Area Code Daytime Te	lephone Number
· Enclos	ed is a check for the following amount:		
□ \$ 125.0	O Filing Fee Status O Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Add	<u>ress</u>
	Registration Section Division of Corporations	Registration Section Division of Corpora	tions

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION I	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:	7474 60
The name of the Limited Liability Company is:	FOR FLORIDA LIMITED LIABILITY COMPANY
	\$600 B
Society of Mixed Media Artists, LLC	
(Must end with the words "Lir	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1660 Highland View Court	P.O. Box 551430
Orange Park, Florida 32003	Jacksonville, Florida 32255
The name and the Florida street address of the regis	stered agent are:
Elizabeth Smith	Name
·	
1660 Highland View Cou	
Florida street address (P.O	b. Box NOT acceptable)
Orange Park	FL 32003
City	Zip
the place designated in this certificate, I hereby of capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept to	ept service of process for the above stated limited liability company a accept the appointment as registered agent and agree to act in this sions of all statutes relating to the proper and complete performance he obligations of my position as registered agent as provided for in Chapter 605, FS

(CONTINUED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Manager	Elizabeth Smith, President
	1660 Highland View Court
	Orange Park, Florida 32003
MCD	Manda Callina Via Bradant
MGR	Wendy Sullivan, Vice President 5949 Soloman Road
	Jacksonville, Florida 32234
	Jacksonville, Florida 32204
AMBR	Rebecca Craig, Treasurer
, w.b.	4325 Ripken Circle West
	Jacksonville, Florida 32224
	O. T.
AMBR	Lynn Kazemekas, Secretary
	12953 Brians Creek Drive
	Jacksonville, Florida 32224
EV: Effective date, if other than	the date of filing:
E V: Effective date, if other than ective date is listed, the date mu f filing.)	T.
(Use attachment if necessary) E V: Effective date, if other than extive date is listed, the date must filling.) E VI: Other provisions, if any.	the date of filing: (OPTIONAL)
E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	the date of filing:
E V: Effective date, if other than ctive date is listed, the date mu f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	the date of filing:
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E V: Effective date, if other than ctive date is listed, the date mu f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa	of a member or an authorized representative of a member. ction 605.0203 (1) (b). Florida Statutes, the execution of this document ion under the penalties of periory that the facts stated herein are true. ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Craig
EV: Effective date, if other than ctive date is listed, the date must filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmat I am aware that any faconstitutes a third degree.	of a member or an authorized representative of a member. ction 605.0203 (1) (b). Florida Statutes, the execution of this document ion under the penalties of periory that the facts stated herein arc true. ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
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Page 2 of 2