

L15000032843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

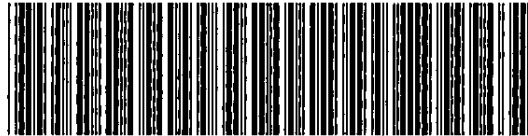
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/18/15--01003--002 **125.00

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SECRETARY OF STATE
MAIL ROOM
1000 ALASKA STREET, SUITE 100
ANCHORAGE, ALASKA 99501

N. G. G. FEB 24 2015

IN2ITIVE DESIGN LLC

IN2ITIVE DESIGN LLC

In2itive Design LLC.

#18 Sugarboat Dr.

Leesburg, FL.34788

PH. 772-341-9263

Fax 352-728-0569

clyde.moore@in2itivedesignllc.com

All correspondents for this information send to:

Clyde E Moore

#18 Sugarboat Dr

Leesburg, FL.34788

Sincerely,

Clyde Moore

In2itive Design LLC.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: In2itive Design 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:

Clyde E Moore
Name of Person

In2itive Design LLC.
Firm/Company

#18 Sugarboat Dr.
Address

Leesburg, FL. 34788
City/State and Zip Code

clyde.moore@in2itivedesignllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clyde E Moore at (772) 341-9263
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

In2itive 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:

Principal Office Address:

Mailing Address:

#18 Sugarboat Dr.
Leesburg, FL. 34788

#18 Sugarboat Dr.
Leesburg, FL. 34788

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:

Clyde E Moore

Name

#18 Sugarboat Dr.

Florida street address (P.O. Box NOT acceptable)

Leesburg

City

FL 34788

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..

Clyde E Moore

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
TALLAHASSEE COUNTY

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Kathryn G Moore
#18 Sugarboat Dr.
Leesburg, FL 34788

AMBR

Clyde E Moore
#18 Sugarboat Dr.
Leesburg, FL 34788

(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:

Clyde E. Moore

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.)

Clyde E. Moore

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)

FILED
2015 FEB 18 AM 11:28
STATE OF FLORIDA
TALLAHASSEE