

#L15000101937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

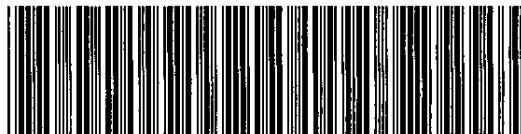
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN 12 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 JUN 11 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 26, 2015

BRUCE M. WERNER  
2828 SYLVAN LANE  
JACKSONVILLE, FL 32257

SUBJECT: PATTERN SHAPE, LLC  
Ref. Number: W15000036990

We have received your document for PATTERN SHAPE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

We will also need a clearer signature for the registered agent. The one submitted is not acceptable for scanning.,

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 715A00011019

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## **PATTERN SHAPE LLC**

2828 SYLVAN LANE, JACKSONVILLE, FL 32257

PHONE: 727.420.8314 o E-MAIL: [brucemwerner@gmail.com](mailto:brucemwerner@gmail.com)

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June 8, 2015

Registration Section

Division of Corporations

Attn: Karen A Saly

P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

Dear Ms. Saly,

I received your letter (715A00011019) and have updated the Articles of Organization accordingly. Enclosed with this letter is your response letter and the updated Articles of Organization for the business entity, Pattern Shape LLC. I have already submitted a check for the filing fee, certified copy, and certificate of status for the Articles of Organization. Please let me know if there is anything else I can provide for you.

If there are any questions regarding the above filings, please contact me by phone at 727.420.8314 or my attorney, Sidney Werner, at 727.898.7210.

Kind Regards,



Bruce M. Werner

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

**FILED**  
2015 JUN 11 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

PATTERN SHAPE, LLC

**ARTICLE II – Address:**

The mailing and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

2828 Sylvan Lane  
Jacksonville, FL 32257

**Mailing Address:**

2828 Sylvan Lane  
Jacksonville, FL 32257

**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:

Sidney Werner  
721 First Avenue North  
St. Petersburg, FL 33701

*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 of 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..*

  
\_\_\_\_\_  
Sidney Werner, Registered Agent  
(REQUIRED)

#### 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:**

Bruce Werner  
2828 Sylvan Lane  
Jacksonville, FL 32257

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CLERK OF THE  
DEPARTMENT OF  
STATE  
JACKSONVILLE  
FLORIDA

#### ARTICLE V:

Effective date, if other than the date of filing: N/A (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document’s effective date on the Department of State’s records.

#### ARTICLE VI: Other provisions, if any.

The purpose for which the Limited Liability Company is organized is:  
Any and all lawful business.

#### **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.)

BRUCE WERNER, MANAGER  
(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)