

L15000162834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

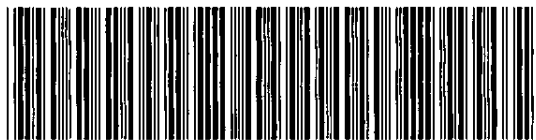
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP 22 AM 8:51

SEP 25 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2015

CSC

SUBJECT: ICONIC INTERIORS, LLC
Ref. Number: W15000062825

RESUBMIT

Please give original
submission date as file date.

We have received your document for ICONIC INTERIORS, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

AUTHORIZATION TO DEBIT THE ACCOUNT HAS NOT BEEN SIGNED FOR.

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) 245-6052.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 415A00019954

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
15 SEP 22 PM 4:10
2015 SEP 24 PM 4:15
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 792424 8739A

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 125.00

ORDER DATE : September 22, 2015

ORDER TIME : 10:21 AM

ORDER NO. : 792424-005

CUSTOMER NO: 8739A

DOMESTIC FILING

NAME: ICONIC INTERIORS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
ICONIC INTERIORS, LLC**

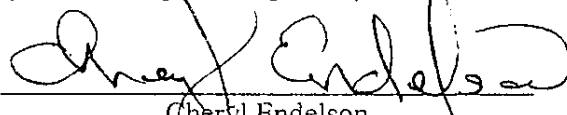
Article I - Name: The name of the Limited Liability Company is Iconic Interiors, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 7027 Valencia Drive, Boca Raton, Florida 33433.

Article III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

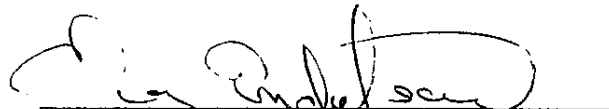
Cheryl Endelson
7027 Valencia Drive
Boca Raton, FL 33433

Having been named as registered agent and to accept service of process of 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.


Cheryl Endelson

Article IV – Manager or Managing Member: The name and address of each person authorized to manage and control the Limited Liability Company:

MGR Cheryl Endelson
7027 Valencia Drive
Boca Raton, FL 33433


Cheryl Endelson, Member and Manager

(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.)

15 SEP 22 AM 8:51

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