

L15000170582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

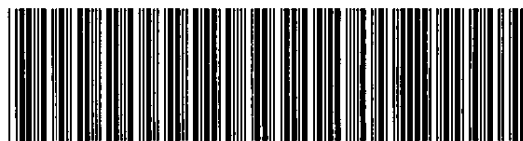
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/06/15--01023--007 **130.00

15 SEP 30 PM 4:10
SECURITY OF STATE
TALLAHASSEE, FLORIDA

10-7/MS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fain & Assoc. Picture Perfect Home Designs, LLC
Name of Limited Liability Company

RECEIVED
SEP 30 2013

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LaDonna and Caitlin Fain

Name of Person

Fain & Assoc. Picture Perfect Home Designs, LLC

Firm/Company

891 Harbor Hill Drive

Address

Safety Harbor, FL 34695

City/State and Zip Code

pictureperfecthomes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LaDonna Fain 727 726-4663
Name of Person at () Area Code Daytime Telephone Number

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)
- already PAID*

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

Fain & Assoc. Picture Perfect Home Designs, 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:

891 Harbor Hill Drive

Safety Harbor, FL 34695

Mailing Address:

Same

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:

LaDonna Fain

Name

891 Harbor Hill Drive

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

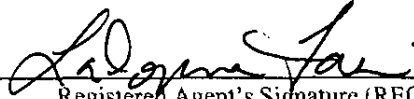
Safety Harbor, FL 34695

City

State

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)

15 SEP 30 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR

Name and Address:

CAITLIN FAIN

2259 BELMAR Drive

BELLEAIR BLUFFS FL 33770

La Donna Fain

891 Harbor Hill Drive

Safety Harbor, FL 34695

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Oct. 1, 2015 (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.

REQUIRED SIGNATURE:

La Donna Fain

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.)

La Donna Fain

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2015

LADONNA FAIN AND CAITLIN FAIN
201 BAY VIEW STREET
SAFETY HARBOR, FL 34695

SUBJECT: PICTURE PERFECT HOMES, LLC
Ref. Number: W15000046607

We have received your document for PICTURE PERFECT HOMES, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The effective date is not acceptable since it is not within five working days of the date of receipt.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 015A00014493



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2015

LADONNA FAIN AND CAITLIN FAIN
891 HARBOR HILL DR.
SAFETY HARBOR, FL 34695

SUBJECT: PICTURE PERFECT HOMES, LLC
Ref. Number: W15000046607

We have received your document for PICTURE PERFECT HOMES, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The effective date is not acceptable since it is not within five working days of the date of receipt.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 015A00014493