

L1S000189978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

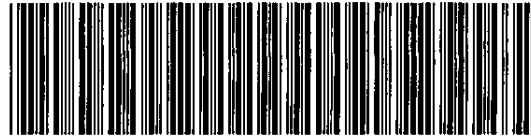
Special Instructions to Filing Officer:

Office Use Only

W1S000189978

NOV 12 2015

T. SCOTT



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10/23/15--01003--007 **125.00

15 NOV 10 AM 9:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2015

KATHLEEN L. DUNAGAN
2426 WINDSOR WAY
WELLINGTON, FL 33414

SUBJECT: NORTH LIGHT DESIGN LLC
Ref. Number: W15000071749

We have received your document for NORTH LIGHT DESIGN LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Member must print or type name below signature.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 315A00022964

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Light 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:

Kathleen L. Dunagan
Name of Person

Firm/Company

2426 Windsor Way
Address

Wellington, FL 33414
City/State and Zip Code

kkennedy713@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Dunagan at (203) 219-2802
Name of Person 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)

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

To: Florida Department of State Division of Corporations
New Filing Selection
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

From: Kathleen Dunagan
2426 Windsor Way
Wellington, FL 33414
203-219-2802 cell

Date: 10/7/15

Subject: Florida LLC application

Attached, please find my application for the Florida LLC.

I have included my cell phone if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kathleen Dunagan', with a long horizontal flourish extending to the right.

Kathleen Dunagan

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

North Light Design LLC

(Must end with the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2426 Windsor Way
Wellington, FL 33414

Mailing Address:

13833 Wellington Trace
Wellington, FL 33414

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:

John C. Dunagan
Name
2426 Windsor Way
Florida street address (P.O. Box **NOT** acceptable)
Wellington, FL 33414
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..

X Kathleen Dunagan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Annual Report filing fee is \$138.75
due between Jan 1 + May 1 2016

15 NOV 10 AM 9:30

Don't
want to
add
anybody
else?
to the
board?

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Kathleen Dunagan (owner)
AMBR

2426 Windsor Way
Wellington, FL
33414

Kathleen Baldwin
AMBR

PO Box 558
Millerton NY 12546

(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.)

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:

X Kathleen Dunagan

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kathleen Dunagan

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)

TAX ID # 45-4912205
Winded Foot Enterprises