

L15000205670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

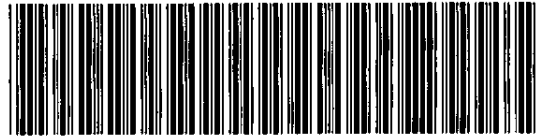
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
15 DEC 15 PM 1:45
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
15 DEC 15 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 12/15/15

APPROVED
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COVER LETTER

15 DEC 15 PM 1:52

**TO: Registration Section
Division of Corporations**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Affordable Frame 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:

Gary Rodney Thurber sr.
Name of Person

Affordable Frame LLC
Firm/Company

200 Holmes Blvd NW
Address

Ft. Walton Beach Fl. 32548
City/State and Zip Code

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

For further information concerning this matter, please call:

Gary Thurber Sr. 850 621-4904
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 DEC 15 PM 1:52

Affordable Frame LLC

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

200 Holmes Blvd NW
Ft. Walton Beach
Florida 32548

200 Holmes Blvd NW
Ft. Walton Beach Florida 32548

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:

Gary R Thurber Sr.
Name

200 Holmes Blvd. NW
Florida street address (P.O. Box **NOT** acceptable)

Ft Walton Beach Fl. 3254
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)

APPROVED
AND
FILED

ARTICLE IV-

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

16 DEC 15 PM 1:52

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Gary R Thurber Sr.
200 Holmes Blvd NW
Ft Walton Beach Fl. 32548

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:



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.

Gary R Thurber Sr.

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)