L15000208056

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Littly Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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W15-11/233		





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ALTO LE



COVER LETTER

Division of Corporations
SUBJECT: RW DESIGNS, LLC Name of Limited Liability Company
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:
Name of Person
RW DESIGNS, LLC Firm/Company
8052 LINKS WAY Address
Address
PORT ST LUCIE, FL 34986 City/State and Zip Code
· · · · · · · · · · · · · · · · · · ·
WPANFIL Z & AOL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2015

WALTER J. PANFIL 8052 LINKS WAY PORT ST LUCIE, FL 34986

SUBJECT: RW DESIGNS, LLC Ref. Number: W15000077233

We have received your document for RW DESIGNS, 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):

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.

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 the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 715A00025028



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	15 DEC 14 PM 5: 08
ARTICLE I - Name: The name of the Limited Liability Company is: RW DESIGN LANDSCAPE THE PROPERTY AND SCAPE THE PROPERTY AND	E Z LASECRETARY OF STATE
(Must end with the words "Limited Liability Company, "L.L.C	C.," or "LLC.")
ARTICLE II - Address:	

Mailing Address:

Principal Office Address:

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

8052 LINKS WAY	8052 LINKS WAY
PORT ST LUCIE, FL 3498L	PORT ST LUCIE, FL 34986

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:

WALTER J	, PAN	FIL		
Name				
8052 LINKS	WAY			
Florida street address (P.O. Box NOT acceptable)				
PORT ST LUCIE	FL	34986		
City	<u>=</u> -	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)

Page 1 of 2

ARTICLE IV- The name and address of each person aut	horized to manage and control the Limit	APPROVEL AND ed Liability CompanFII ED
Title: "AMBR" = Authorized Member "MGR" = Manager "MGR" = MGR"	Name and Address:	15 DEC 14 PM 5: 01 PANFISECRETARY OF STATE VAY TALLAHASSEE FLORIDA
<u>"АМВР"</u>	RUTH PANES	7L
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be spetthe date of filing.) ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	to D	
(In accordance with section 605.020 constitutes an affirmation under the penalties o I am aware that any false information submitte constitutes a third degree felony as provided for	d in a document to the Department of Sta	of this document true. ate
Filing Fees: \$125.00 Filing Fee for Articles of Organization a	and Designation	

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)