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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

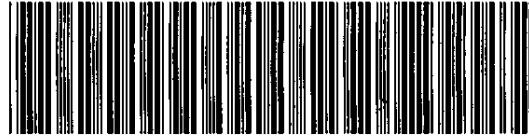
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 16 PM 2:10

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Central Florida Artistry
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:

Deborah Lee Waldo
Name of Person

Central Florida Artistry
Firm/Company

3812 Walker Shores Dr.
Address

Bartow, FL. 33830
City/State and Zip Code

Centralfloridaartistry1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah L. Waldo (863) 588-9068
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Central Florida Artistry, 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:

3812 Walker Shores Dr.
Bartow, FL.
33830

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:

Deborah Lee Waldo
Name

3812 Walker Shores Dr.
Florida street address (P.O. Box **NOT** acceptable)
Bartow, FL 33830
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.

Deborah Lee Waldo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

Stephen A. Phillips
3812 Walker Shorts Dr.
Bartow, FL 33830

(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:

Stephen A. Phillips
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.
Stephen A. Phillips
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)

POLK COUNTY LOCAL BUSINESS TAX RECEIPT
ACCOUNT NO. 190185 CLASS: A

EXPIRES: 9/30/2016

OWNER NAME
DEBORAH LEE WALDO

LOCATION
3821 WALKER SHORES DR
BARTOW

BUSINESS NAME AND MAILING ADDRESS

CODE ACTIVITY TYPE
810000 LTD OTHER SERVICES

CENTRAL FLORIDA ARTISTRY
CENTRAL FLORIDA ARTISTRY LLC
3821 WALKER SHORES DR
BARTOW, FL 33830

PROFESSIONAL LICENSE (IF APPLICABLE)

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE
CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION

PAID-1036070-0001-0002 09/30/2015 09/30/2015 EJK 103 39.38 4083710-DEBRA WALDO