## L/6000/43984

(Re	questor's Name)	
(Add	dress)	<del></del>
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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07/27/16--01028--024 \*\*155.00

EFFECTIVE DATE 67/25/16

2 08/05/16

## **COVER LETTER**

	egistration Section vision of Corporations	
SUBJECT		t Market, LLC Limited Liability Company
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.
Please retur	n all correspondence concerning this	matter to the following:
	Deanna G	Name of Person
	Surface Ar	
	PO BOX 104	
		Address
	Palm Harbor	FL 34683
-	Sales OSurfo E-mail address: (to be us	City/State and Zip Code  Ceart market, Com  ed for future annual report notification)
For further in	formation concerning this matter, plea	ase call:
	Deanna Gray at ( Name of Person	727 Daytime Telephone Number
Enclosed is	a check for the following amount: ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Surface Art Market, 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: Mailing Address:		
Dunedin 192 34698 Palm Harbor, FL	_34 <i>(</i> -	682
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:		
Deanna Gray		
Deanna Gray Name 1590 Franklin Wy		
Florida street address (P.O. Box NOT acceptable)		
Dunedin F2 34698  City State Zip		
City State Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability company place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capaci further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dutie, am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	ty. I	
um jumuai with and accept the configurous of my position as registered agent as provided for in emptor 605,7 2.1	5	. <b>8</b>
Joanna ( ) cee	.=	<b>,</b> `
Registered Agent's Signature (REQUIRED)	27	
<b>\</b>	T m	- 1. 20
(CONTINUED)	(a)	

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Deanna Gray	
	1590 Franklin Wy	_
	Dunedin, FL 34698	_
MGR	Curtis Gibson	
	1510 San Diego Dr.	_
	Dunediky Fr 34698	_
		_
		_
		_
		_
(Use attachment if necessary)		
	filing:	90 day
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