

L16000159524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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W16-53632

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROJECT: 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:

MELINDA CHAPMAN

Name of Person

Firm/Company

P.O. BOX 2

Address

ORMOND BEACH, FL 32175

City/State and Zip Code

mclary2911@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELINDA CHAPMAN

318

514 - 8458

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2016

MELINDA CHAPMAN
P.O. BOX 2
ORMOND BEACH, FL 32175

SUBJECT: PROJECT: DESIGN, LLC
Ref. Number: W16000053632

We have received your document for PROJECT: 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):

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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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: 516A00016326



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2016

MELINDA CHAPMAN
P.O. BOX 2
ORMOND BEACH, FL 32175

SUBJECT: THE PROJECT DESIGN COMPANY, LLC
Ref. Number: W16000053632

We have received your document for THE PROJECT DESIGN COMPANY, 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 516A00016326

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~PROJECT DESIGN, LLC~~ REAL ESTATE, STAGING, & DESIGN, LLC ANY OF STATE
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") 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:

~~P.O. BOX 2~~ 911 WOODSTREAM LN. ~~ORMOND BEACH, FL 32175~~ ORMOND BEACH, FL 32174 ~~SAME~~ P.O. BOX 2
ORMOND BEACH, FL 32175

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:

MELINDA CHAPMAN

Name

~~26 FOXFIELD LANE~~ 911 WOODSTREAM LN.

Florida street address (P.O. Box NOT acceptable)

ORMOND BEACH FL 32174 32175
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.

Melinda Chapman
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

Name and Address:

MELINDA CHAPMAN

~~26 FOXFIELD LOOK~~ 911 WOODSTREAM LN
ORMOND BEACH, FL 32174 32174

AMBR

KENNETH CHAPMAN

~~26 FOXFIELD LOOK~~ 911 WOODSTREAM LN.
ORMOND BEACH, FL 32174

(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:

Melinda Chapman

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.

MELINDA CHAPMAN

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)

FILED
2018 AUG 25 AM 7:26
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA