L14000242392

(Da	questor's Name)	
(Re	questor's rearrie)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800305916328

11/27/17--01012--016 **130.00



C RICO NOV 2 7 2017

COVER LETTER

Division of Corporations	
SUBJECT: Baize Illustration Name of Limited Liabi	15 LLC ility Company
The enclosed Articles of Organization and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	following:
Eric Baize	
Name o	of Person
Baize Illustration	15, LLC
Firm/C	Company
40 Mimosa Drive	
Add	Iress 28
Sarasota, FL 34 City/State a	232
City/State a	ind Zip Code
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	\$9 20
EFIC BAIZE at (941) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \sum \\$155 \\ \text{Certificate of Status}	.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building
Tallahassee, FL 32314	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:			
	Illustration the words "Limited Lia			
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	e of the Limite	d Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Addre	<u>ss</u> :
40 Mimos Sarasota,	a Dr. FL 34232		40 Mimos Sarasolo, FL	2 Dr. 34232
ARTICLE III - Registered Age (The Limited Liability Company of another business entity with an ac The name and the Florida street a	cannot serve as its own Rective Florida registration.)	gistered Agent ent are:		ividual or
				· · · · · · · · · · · · · · · · · · ·
	Florida street address (1		gacontuble)	د
			34232	" . ¢
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	I hereby accept the appoint ovisions of all statutes relating ations of my position as	tment as registe ting to the prope registered agen	red agent and a <mark>gree</mark> to act it er and complete performance	this capacity. 1 of my duties, and 1

(CONTINUED)

Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address:
MGR	Julie Baize 4512 Graveland Alve. Surasola, Fr. 34231
(Use attachment if necessary)	
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block	the date of filing:
TLE V: Effective date, if other the ffective date is listed, the date is of filing.) If the date inserted in this block nument's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 da loes not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other the frective date is listed, the date is of filing.) If the date inserted in this block ument's effective date on the De	loes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
CLE V: Effective date, if other the effective date is listed, the date is e of filing.) If the date inserted in this block cument's effective date on the Docket CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware the	ust be specific and cannot be more than five business days prior to or 90 da loes not meet the applicable statutory filing requirements, this date will not be partment of State's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)