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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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2703 Jones Franklin Road, Suite 205 Cary, North Carolina 27518 Tel. (888) 892-3040 Fax (270) 477-4574 TTCBusinessSolutions.com

February 28, 2017

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**RE:** Amaysing Graphics LLC

Articles of Organization

Dear Sir or Madam:

Enclosed please find Articles of Organization for the Limited Liability Company for Amaysing Graphics LLC, as well as a check in the amount of \$125.00 for the filing fee associated with this filing.

Thank you for your time and attention to this matter. Please call if you have any questions on the same.

Very truly yours,

TTC Business Solutions

## **COVER LETTER**

	ew Filing Section vision of Corporations	
SUBJECT:	Amaysing Graphics, LLC	
SUBJECT.		of Limited Liability Company
The enclose	ed Articles of Organization and fe	re(s) are submitted for filing.
Please retur	n all correspondence concerning	this matter to the following:
	Matthew H. Swyers	
		Name of Person
	TTC Business Solutions	
		Firm/Company
	ivision of Corporations  Amaysing Graphics, LLC:  Name of Limited Liability Company  ed Articles of Organization and fee(s) are submitted for filing.  rn all correspondence concerning this matter to the following:  Matthew H. Swyers  Name of Person  TTC Business Solutions  Firm/Company  2703 Jones Franklin Rd. Suite 206  Address  Cary, NC 27518  City/State and Zip Code  Richard.mays@student.lssc.edu  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  Richard Mays  352  272-8954  Name of Person  Area Code  Daytime Telephone Number  sta check for the following amount:  Iting Fee  \$130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address  Street Address	
		Address
	Cary, NC 27518	
		City/State and Zip Code
		be used for future annual report notification)
For further in	formation concerning this matter	, please call:
	Richard Mays	
-	Name of Person	
Enclosed is	a check for the following amoun	t:
\$125.00 Fil		tus Certified Copy Certificate of Status &
	Mailing Address  New Filing Section  Division of Corporations	Street Address  New Filing Section  Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LLC		
(Must cont	ain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the	e Limited Liability Company is:	
<u>Princip</u>	al Office Address:	Mailing Address:	
3697 Park Green Co	urt	3697 Park Green Court	
Tavares, FL 32778		Tavares, FL 32778	
	active Florida registration.)	d Agent. You must designate an individual or	18 HAR SECRET TALLARD
The name and the Florida street	address of the registered agent are	•	
The name and the Florida street		•	3
The name and the Florida street	Richard James Mays Name	· 	1888 N
The name and the Florida street	Richard James Mays	· 	1888 N
The name and the Florida street	Richard James Mays Name		AR 12 AN 10: 44  METANY DE STATE ARASSES AFLORIO

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.

State

Zip

City

Richard Mays

809B8F5CABA Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Richard Mays	
	3697 Park Green Court Tavares, FL	
		•
<del></del>		
(Use attachment if necessary)	Transis (men)	<u></u>
CLE V: Effective date, if other than the date of filing	;:(OPTIONAL)	MAR
effective date is listed, the date must be specific an ite of filing.)	d cannot be more than five business days prior to or 90 days	ayşa
If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not be	e <u>zlie</u> te
ocument's effective date on the Department of State	's records.	ਰ
CLE VI: Other provisions, if any.		1+ : O H
		_

-809B 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.

Richard Mays

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)