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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

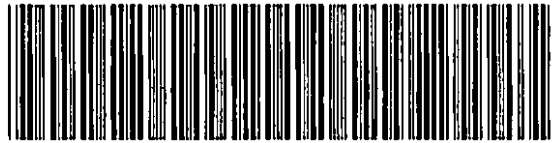
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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D O'KEEFE

APR 20 2018

FILED
18 MAR 29 AM 7:11
TALLAHASSEE, FL



W18-20242



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2018

PAUL MATTHEWS
INTERCONTINENTAL FINANCE GROUP
BOX 646681
ORLANDO, FL 32861

SUBJECT: COMMUNICATIONS DESIGNS COMPANY LLC
Ref. Number: W18000020242

We have received your document for COMMUNICATIONS DESIGNS COMPANY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 718A00004218

RECEIVED
2018 MAR 28 AM 10:36
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

RECEIVED
18 MAR 28 AM 7:15
TALLAHASSEE

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: COMMUNICATIONS DESIGNS COMPANY 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:

PAUL MATTHEWS

Name of Person

INTERCONTINENTAL FINANCE GROUP

Firm/Company

BOX 616681

Address

ORLANDO, FLORIDA 32861

City/State and Zip Code

MATTHEWS1821@BELLSOUTH.NET

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

For further information concerning this matter, please call:

PAUL MATTHEWS 321 236-7458
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMMUNICATIONS DESIGNS COMPANY LLC

(Must contain 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:

2245 WALKERS GLENN LANE
JACKSONVILLE, FLORIDA 32246

Mailing Address:

2245 WALKERS GLENN LANE
JACKSONVILLE, FLORIDA 32246

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:

PAUL R MATTHEWS

Name

7609 TELEGRAPH HILL (BOX 616681)

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

ORLANDO

FLORIDA

32861

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
18 MAR 29 AM 7:15
TALLAHASSEE, FL 32301



ARTICLE IV-

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

Title:

"AMBR" - Authorized Member

"MGR" = Manager

MGR

Name and Address:

FRANCIS W PERI

2245 WALKERS GLENN LANE

JACKSONVILLE, FLORIDA 32246

AMBR

MARY ANN PERI

2245 WALKERS GLENN LANE

JACKSONVILLE, FLORIDA 32246

(Use attachment if necessary)

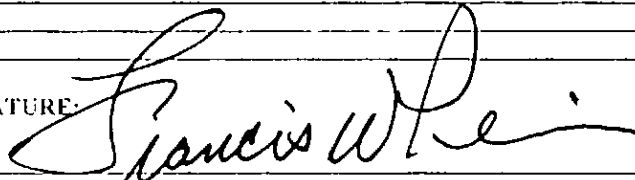
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Francis W. Peri

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
19 MAR 28 AM 7:15
TALLAHASSEE, FL 32311

