

L18000154545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

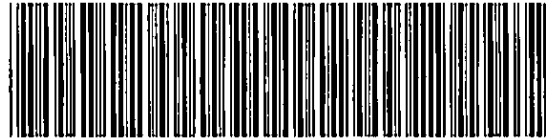
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/21/18--01023--001 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUN 21 AM 8:47
TALLAHASSEE, FLORIDA

RK 6/26/18

COVER LETTER

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

SUBJECT: PRISMATIC COLOR STUDIO, 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:

Barb McBride

Name of Person

South Beach Tax & Financial Services

Firm/Company

1692 Penman Road

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

LAURIELINNEY@GMAIL.COM

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

For further information concerning this matter, please call:

Barb McBride

904

241-2533

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:

PRISMATIC COLOR STUDIO, LLC.

ARTICLE II - ADDRESS:

The physical and mailing address of the Limited Liability Company is:

1830 Ocean Grove Drive

Atlantic Beach, FL 32233

ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:

The name and Florida street address of the registered agent are

Laurie Linney

1830 Ocean Grove Drive

Atlantic Beach, FL 32233

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, Florida Statutes.



Registered Agent's Signature

SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUN 21 AM 8:48
TALLAHASSEE, FLORIDA

ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):

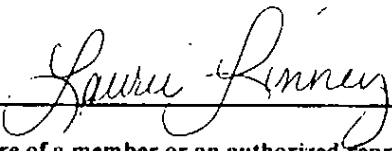
The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

Managing Member

Laurie Linney
1830 Ocean Grove Drive
Atlantic Beach, FL 32233



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Laurie Linney

Typed or printed name of signer

11:55
SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUN 21 AM 8:48
TALLAHASSEE, FLORIDA