L19000082558

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700326491167

09/22/19--01021--010 **125.00

COVER LETTER

10: New Filing Section Division of Corporations	
SUBJECT: CARCLYN FINN INTERIORS LLC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Organization and feets) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Carolyn Final Name of Person	
Name of Person	
CAROLYN FINN INTERIORS LLC	
and any and	
9181 SAWGRASS DRIVE FAST	
Addies	
Ponte Vedra Beach, Fl. 32082 City/State and Zip Code Carolyn @ Carolyn finn. Com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	_ _
For further information concerning this matter, please call:	
LAROLYN FINN at (847) G02-3241 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fe} \text{Certified Copy (additional copy is enclosed)} \ \te	us &
Mailing Address New Filing Section Street Address New Filing Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Carolyn Finn	INTERIORS, LIC
(Must contain the words "Limited Liability Co	ompany, "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:	Mailing Address
Principal Office Address: 918/ SAWGIASS DR EGSV PONTE VALIA BEACH	Mailing Address:

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Name

9181 SAUGIOSS Drive, E.

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

Ponte Vidra Fl. 32082

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)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager | ARTICLE V: Effective date, if other than the date of tiling: | 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.

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any,

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.

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)