L19000277534

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000277810 3)))

H19000277810 3ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:
Division of Corporations
Fax Number : (850)617-6381

FROM:
Account Name : BARRON & REDDING, P.A.
Account Number : 073617000710
Phone : (850)785-7454
Fax Number : (850)785-2999

2019 SEP 17 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
09 DESIGNS. LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

Electronic Filing Menu Corporate Filing Menu Help

N CULLIGAN
SEP 18 2019

9/17/2019, 9:50 A

Fax Audit No. H19000277810 3

FILED
2019 SEP 17 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR
09 DESIGNS, LLC
ARTICLE I
NAME

The name of the limited liability company is 09 DESIGNS, 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
8223 Resota Beach Rd	8223 Resota Beach Rd.
Panama City, FL 32409	Panama City, FL 32409

ARTICLE III
REGISTERED AGENT

The name and Florida street address of the registered agent are Tammi Swearington, 13938 Hwy 77, Panama City, FL 32409.

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 provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position a registered agent as provided for in Chapter 605, F.S.

Tammi Swearington

ARTICLE IV
AUTHORIZED MEMBERS

The name and address of the Authorized Members are as follows:

Kim Ellisor	Tammi Swearington
8223 Resota Beach Rd.	13938 Hwy 77
Panama City, FL 32409	Panama City, FL 32409

In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Secretary of State constitutes a third degree felony as provided for in Section 817.155, F.S.

Tammi Swearington