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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

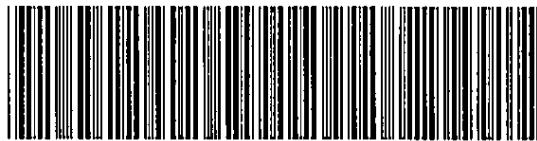
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 OCT 12 AM 9:44
FILER: STATE
ISSUEE: FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Designs by Sommer 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:

Sommer Curry
Name of Person

Designs by Sommer LLC
Firm/Company

41148 NE 9th Street
Address

Homestead, FL 33033
City/State and Zip Code

designsby sommer@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sommer at 305 , 606-1134
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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MAIL STATE FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Designs by Sommer 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:

27455 S. Dixie Hwy Ste 250
Barbosa FL 33032

Mailing Address:

4148 NE 9th Street
Homestead FL 33033

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:

NICHOLAS CURRY

Name

4148 NE 9th ST

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

Homestead FL 33033

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..

Richard Curry

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 OCT 12 AM 9:44
FLORIDA
STATE
FL

