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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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COVER LETTER

	lew Filing Sec Division of Co					
SUBJECT		esigns, LLC				
SUBJEC	1:		nited Liability Company			
The enclos	sed Articles of	Organization and fee(s) are	submitted for filing.			
Please rett	ım all correspo	ondence concerning this ma	tter to the following:			
	Trevor Wate	ers				
			Name of Person	-		
			Firm/Company			
	2121 West I	ndianhead Drive				
			Address			
	Tallahassee,	FL 32301			21 SE	
	watersatrevor		ty/State and Zip Code	•	AHA AHDU AHDU AHDU AHDU AHDU AHDU AHDU A	
		E-mail address: (to be used	for future annual report notificat	ion)]
For further	information co	ncerning this matter, please	call:			III (II)
	Trevor Water	rs 85 at (0 322-6933		# 57	
	Nam	e of Person	Daytime Telephon	e Number	•	
Caalaaadi	in a abaale for e	Area Co	de			
		he following amount:	Deugg oo mili. m. a	F76170.00	771' P	
= \$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C	Filing Fee, of Status & opy opy is enclosed)	
		ng Address	Street Address			
	Divisio	iling Section on of Corporations sox 6327	New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	assee		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited	Liability Company is:		
Fostered Desi	gns, LLC		
(M	ust contain the words "Limited I	Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address	<u>.</u>		
	street address of the principal of	ffice of the Lim	ited Liability Company is:
<u>1</u>	Principal Office Address:		Mailing Address:
2121 West In	dianhead Drive, Tallahassee, Fl	L 323	2121 West Indianhead Drive, Tallahassee, F.
	<u></u>	 -	
(The Limited Liability Co	red Agent, Registered Office, company cannot serve as its own with an active Florida registratio	Registered Age	Agent's Signature: ent. You must designate an individual or
The name and the Florid	a street address of the registered	agent are:	
	Registered Agents Inc	с.	
		Name	
	7901 4th St N, Ste 30	0	
	Florida street address	s (P.O. Box NO	T acceptable)
	St. Petersburg	Florida	33702
	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..

(CONTINUED)

21 JUN 21 AM ID ST

ARTICLE IV-

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

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records. ICLE 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 Sfatutes. 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.	DANADOP 7	North and track National Res	Name and Address:	
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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)