L21000419355

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
		3

Office Use Only



200373092322

09/21/21--01003--001 **125.80

121 SEF 21 FF 9: 3

SEP 2 ZSZ1

COVER LETTER

Division of Corporations			
SUBJECT: FloScape Design LLC			
Name of Limited Liab		_	
The enclosed Articles of Organization and fee(s) are submitte	ed for filing.		
Please return all correspondence concerning this matter to the			
•	• • • • • • • • • • • • • • • • • • •		
Cecil Williams			_
Name	of Person		
FloScape Design LLC			
Firm/C	Company		
7901 4th ST NE STE	300	<u>.</u> .	2121 SEF 21
Ad	dress		
ST. PETERSBURG, F	FL 33702	. 12.8 Ca.	21 -
-	and Zip Code		==
floscapedesign@gmail.com	1	<u> </u>	ුය. ල
E-mail address: (to be used for future	annual report notification)	•	_
For further information concerning this matter, please call:			
Cecil Williams _{at 727}	318-0710		
Name of Person Area Code	Daytime Telephone Number	_	
Enclosed is a check for the following amount:			
	155.00 Filing Fee & □\$160.0 ified Copy Certificat		
	onal copy is enclosed) Certified (additional		enclosed)
Mailing Address New Filing Section	Street Address New Filing Section Division		
Division of Corporations	The Centre of Tallahassee		
P.O. Box 6327	2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314	Tallahassee, FL 32303		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	161	I W I	- Na	me

The name of the Limited Liability Company is:

FloScape Design 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:	Mailing Address:
7901 4th St N STE 300	7901 4th St N STE 300
St. Petersburg FL 33702	St. Petersburg Ft. 33702

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:

Registered Age	nts Inc.	
N	ame	
7901 4th S	t N STE	300
Florida street address (F	P.O. Box NOT a	cceptable)
St. Petersburg	FL	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2121 SEP 21 FF 9: 31

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Cecil Williams
	7901 4th St N STE 300
	St. Petersburg Ft. 33702
AMBR	Delaney Imbior
	7801 4th III N STE 100
	St. Patenthing FL 13702
	: 22
	<u></u>
	/)
	~~ ~
· · · · · · · · · · · · · · · · · · ·	
	· —
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the o	ate of filing: (OPTIONAL)
he date of filing.)	specific and cannot be more than five business days prior to or 90 days a of meet the applicable statutory filing requirements, this date will not be lisent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	1 aprilling
This document is exe I am aware that any f	member or an authorized representative of a member. Ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Cecil Wil	
	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)