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# Florida Department of State

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(((H23000306300 3)))



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Division of Corporations

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From:

Account Name : COURTACCESS CENTERS, LLC

Account Number : 075350000541 : (813)875-1333 Phone Fax Number : (813)200-1050

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Alicia.Heck@outlook.com Email Address:



### FLORIDA LIMITED LIABILITY CO.

### Accent Your Walls LLC

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# Audit # H23000306300

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I

### Name and Address

The name of this Limited Liability Company is:

#### Accent Your Walls LLC

The mailing address and street address of the Limited Liability Company are:

2920 W La Salle St. Tampa, FL 33607

# ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

# ARTICLE III Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

### ARTICLE IV

#### **Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance Of CourtAccess Centers LLC, a non-lawyer located at 13046 Race Track Rd, Suite 131, Tampa, FL 33626, 813-875-1333.

SECRETARY OF STATE

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### Audit # H23000306300

# ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

2920 W La Salle St. Tampa, FL 33607

and the name of its registered agent at such address is:

Alicia Heck

ARTICLE VI Management

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

### Name and Address

Alicia Heck, Authorized Member 2920 W La Salle St. Tampa, FL 33607

Dated: Saturday, September 02, 2023\_

Alicia Heck Authorized 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.

2023 SEP -5 AM 8: 13 SECRETARY OF STATE DocuSign Envelope ID. 84BDB936-5246-4CE8-BDDB-C3CCD66D4109

## Audit # 1123000306300

## ACCEPTANCE BY REGISTERED AGENT

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..

Date: September 2, 2023

Aliain Hook

SECHETARY OF STATE