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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

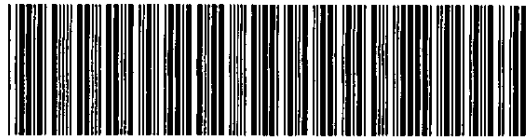
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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9/28/15

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: CG Designs, LLC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Colleen Gittlin  
Name (Printed or typed)

730 NE 7<sup>th</sup> ave  
Address

Fort Lauderdale, FL 33304  
City, State & Zip

954-654-2934  
Daytime Telephone number

colleen@exitrealtyflorida.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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TALLAHASSEE, FLORIDA  
STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2015

COLLEEN GITLIN  
730 NE 7TH AVENUE  
FORT LAUDERDALE, FL 33304

SUBJECT: CG DESIGNS LLC  
Ref. Number: W15000058620

RECEIVED SEP 21 2015

We have received your document for CG DESIGNS LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 215A00018727

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ~~EG Designs LLC~~ Design by CG, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

730 NE 7<sup>th</sup> ave  
Fort Lauderdale, FL 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Colleen Gittlin - President Name and Title:

Address 730 NE 7<sup>th</sup> ave Address:  
Fort Lauderdale FL 33304

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Colleen Gittin  
Address: 730 NE 7<sup>th</sup> ave  
Fort Lauderdale FL 33304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Colleen Gittin  
Address: 730 NE 7<sup>th</sup> ave  
Fort Lauderdale, FL 33304

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TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature/Registered Agent  
8/25/15  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
Required Signature/Incorporator  
8/25/15  
Date