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LIMITED LIABILITY COMPANY

walls by design 'LLC'.

Certificate of Status	0
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FAX AUDIT # 1640001284733

**ARTICLES OF ORGANIZATION
OF
walls by design 'LLC'.**

ARTICLE I NAME

The name of the limited liability company shall be: walls by design 'LLC'.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 103 Laurie Dr., Ormond By The Sea, Florida 32176.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Christoph Guerriero, 103 Laurie Dr., Ormond By The Sea, Florida 32176


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

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FAX AUDIT # H04000128 4733

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **walls by design 'LLC'**.

The name and address of the registered agent and office is: Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Mark Schiff
Mark Schiff, AVPI
Business Filings Incorporated

Date: June 17, 2004

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