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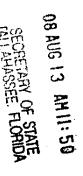
(Requestor's Name)
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M. THOMAS

AUG 1 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DESIGN RESOURCES & DRAFFING LINDUF, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TORVID JAMES COULALIN JR. (Name of Person)	
Dreng Luc. (Firm/Company)	
(Firm/Company)	
5707 191K St ω. (Address)	
(Address)	; <u>-</u>
BRADENTON, FLORIDA, 34207 (City/State and Zip Code)	5 ===
(City/State and Zip Code)	3 E
For further information concerning this matter, please call:	FILED FILED
DAVID J. Coul Heid (Name of Person) at (941) 758-5875 (Area Code & Daytime Telephone Number)	O
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \bigcup \\$155.00 Filing Fee \& \bigcup \\$160.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed) \\ (additional copy is enclosed) \\ \end{additional copy is enclosed}	
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DESIGN RESOURCES & DRAFFING GROUP, LLC. (Must end with 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:
5707 19th St. W. SAME AS PRINCIPAL BRADENTON, FLORIDA STORE
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:
DAVID JAMES CONGHIN JR.
Name
5707 19th Street WEST
Florida street address (P.O. Box NOT acceptable)
BRADENION, FL 34207 City, State, and 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 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing M	DAVID JAMES CONCHUN JR
/// 6 C	5707 19th St. W.
	BRADENTON FL 34207

	SECHETARY OF STATE MALLA HASSEE. FLORIDA
	SSEE OF S
	F.S.
(Use attachment if necess	sary) 漫為
	ther than the date of filing: <u>09-01-08</u> (OPTIONAL) date must be specific and cannot be more than five business days prioring.)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)