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Certified Copies	_ Certificate	s of Status
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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: SIGNATURE STACING & DESIGN, 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:
RAE PEARSON  Name of Person
Name of Person
SIGNATURE STREING & DESIGN, LLC
Firm/Company
13738 COUNTY ROAD 161 Address
Address
6×F0.20, FL 34484
City/State and Zip Code  RAE, P. Rychoo, com
MAE, I Ryahoo, com
E-mail address, (to be used for future annual report notification)
For further information concerning this matter, please call:
RAE REALSON at (763) 232-9424  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$155.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Signature Stace (Must contain the words "Limited Liability Cor	Ming & Design, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: 13738 COUNTY Rd 101	Mailing Address: 13738 County Rd 101			
ARTICLE III - Registered Agent, Registered Office, & Registere (The Limited Liability Company cannot serve as its own Registered A	d Agent's Signature: Agent. You must designate an individual or			

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Name
13738 COUNTY Pd 101
Florida street address (P.O. Box NOT acceptable)

OXFOVA FL 34484

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)

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR_	RAE PEARSON 13738 COUNTY ROAD 101 0x FORD, FL 34454
AMBOL	JEFF PEARSON 13-738 COUNTY PARO 101 04-FORD, FL 34454
the date of filing.)	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	ASPRO
This document is exe I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605 0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
	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)