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(Requestor's Name)

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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

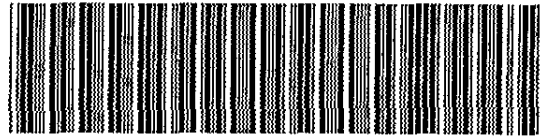
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(Document Number)

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*5/30/03*  
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03 MAY 28 PM 12:26  
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**BRODY, COHEN & WINIG, P.A.**

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ROBERT BRODY  
RICHARD S. COHEN  
STEVEN L. WINIG

27  
May 23, 2003

**VIA OVERNIGHT COURIER**

Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: LLC

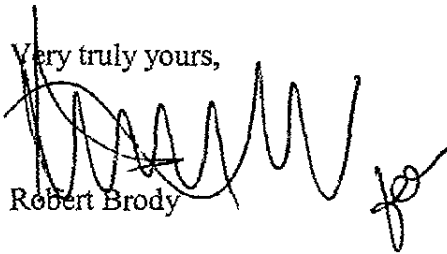
**[Note: Telephone Number for overnight slip is 850-245-6051]**

Dear Sir or Madam:

Enclosed please find an original and duplicate of Articles of Organization and Certificate of Designation of Registered Agent/Registered Office for the above referenced limited liability company together with our check in the amount of \$125.00 representing the filing fees. Please return the duplicate to me showing the file stamped copy.

Thank you for your prompt attention.

Very truly yours,

  
Robert Brody

RB/olm  
Enclosures

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**ARTICLES OF ORGANIZATION FOR**

**ARTZENU, LLC**

**A Florida Limited Liability Company**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

Artzenu, LLC.

**ARTICLE II - Address**

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

c/o Steven L. Winig  
205 Longshore Drive  
Jupiter, FL 33458

**ARTICLE III - Registered Agent**

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

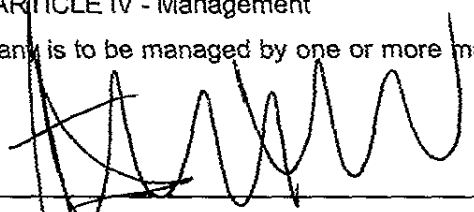
Steven L. Winig  
205 Longshore Drive  
Jupiter, FL 33458.

*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 in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
(Registered Agent's Signature)

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by one or more managers and is to be a manager-managed company.

  
\_\_\_\_\_  
(Signature of a member or an authorized representative of a member)

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

STEVEN L. WINIG  
\_\_\_\_\_  
(Typed or printed name of signer)

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA

1. The name of the limited liability Company is:

Artzeno, LLC.

2. The name and address of the registered agent and office is:

Steven L. Winig  
205 Longshore Drive  
Jupiter, FL 33458

*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 in Chapter 608, Florida Statutes.*

(Signature)

(Date)