

L030000490416

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000327791 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY
INTERDESIGN US, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

03 DEC -2 AM 10:18
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 DEC -2 PM 4:24
DIVISION OF CORPORATION
AND
FILED

[Handwritten signature]

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERDESIGN US, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

540 HARBOR DRIVE
KEY BISCAYNE, FL 33149

Mailing Address:

540 HARBOR DRIVE
KEY BISCAYNE, FL 33149

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DIEGO E. CORDOVA, C.P.A.
Name

8905 S.W. 87th AVENUE, SUITE 200
Florida street address (P.O. Box NOT acceptable)


MIAMI, FLORIDA 33176
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC - 2 AM 10:18

APPROVED
AND
FILED

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, Florida Statutes..


Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGER:

ROGER E. KHOURI
540 HARBOR DRIVE
KEY BISCAYNE, FL 33149

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Roger E. Kouri

Signature of a member or an authorized representative of a member.

(In accordance with section 606.406(5), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROGER E. KHOURI

Typed or printed name of signor

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

03 DEC -2 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED