

Division of Corporations

Page 1 of 2

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

4/2

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Samantha Fitzgerald

Account Name : FOWLER, WHITE, BURNETT, ET AL

Account Number : 071250001512

Phone : (305) 789-9200

Fax Number : (305) 789-9201

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DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

Precision Framing, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Audit No. H020000707768

ARTICLES OF ORGANIZATION
OF
PRECISION FRAMING, LLC

ARTICLE I

The name of the limited liability company formed hereby is PRECISION FRAMING, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

100 S.E. 2nd Street, 17th Floor
Miami, Florida 33131

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Samantha Fitzgerald, Esq.
100 S.E. 2nd Street, 17th Floor
Miami, Florida 33131

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

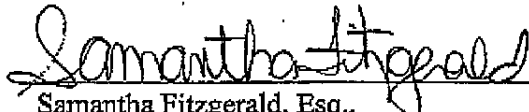
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ARTICLE V

The Limited Liability Company shall be member-managed.

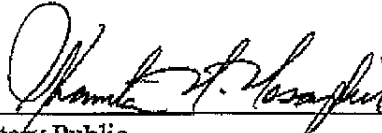


Samantha Fitzgerald, Esq.,
as Authorized Representative of the Members

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

Before me personally appeared Samantha Fitzgerald, Esq., as Authorized Representative of the Members, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 2ND day of APRIL, 2002.



Notary Public

Print Name: SHAMLA M. MOSAPHIL

My Commission expires: _____



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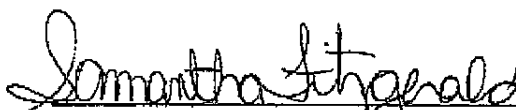
**CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is PRECISION FRAMING, LLC
2. The name and address of the Registered Agent and Office is:

Samantha Fitzgerald, Esq.
100 S.E. 2nd Street, 17th Floor
Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.


Precision Framing, Registered Agent

Date: 4-2-02

PRECISION FRAMING, LLC



Samantha Fitzgerald,
as Authorized Representative
of the Members

Audit No. H020000707768

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