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Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Date: July 23, 2002

LLC Filings Office:

I enclose an original and one copy of the proposed Articles of Organization of Design Paradox, LLC, a proposed domestic limited liability company.

Please file the Articles of Organization and return a certificate of formation, file-stamped copy of the original document or other receipt, acknowledgment or proof of filing to me at the address shown below my signature.

Payment for the required fees is enclosed.

The above LLC name was reserved for my use. Reservation information is as follows: Design Paradox, LLC.

Sincerely,

Signed:

Pamela J. Daya 1273 Neapolitan Rd.

Punta Gorda FL-33983

Telephone: (941) 625-4656

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I - Name:				
The name of the Limited Li	ability Company is:			
Design Paradox, LLC				
Article II - Address:				
The mailing address and str	rect address of the principal office of the Limited Liability Compa	ıny is:		
1273 Neapolitan Rd., Punta	SECINE ALLA	02 JU	∵≐	
Article III - Registered A	gent, Registered Office, & Registered Agent's Signature:	3.	1 20	<u> </u>
The name and the Florida street address of the registered agent are:				
Asif M.	Daya	- ES	=	_
	Name	AILV	29	· •
<u>1273 N</u>	eapolitan Rd., Punta Gorda, FL-33983			
••••	Florida street address (P.O. Box NOT Acceptable)			
	Registered Agent's Signature	 :	ž z	a
Article IV - Management:	: (Check box if applicable.)			
[] The Limited Liabilit manager-managed company	by Company is to be managed by one manager or more managers y.	and is, the	erefore	, a
(An additio	onal article must be added if an effective date is requested)			
	Pamela & Days			-
	Signature of a member or an authorized representative of a n	nember.		
do	n accordance with Section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury at the facts stated herein are true.)	of this		
	Pamela J. Daya	11 244 1		
	Typed or printed name of signee			
	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)

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/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is: Design Para	rgox	<u>,</u> Ll	.C .==	
2.	The name and address of the registered agent and office is: Asif M. Daya (NAME) 1273 Neapolitan Rd. (P. O. Box NOT ACCEPTABLE) Punta Gorda, Fl. 33983 (CITY/STATE/ZIP)	TALLAHASSEE, FLORIDA	02 JUL 26 AN 10: 29	FILED	-2

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.

Maya. 7/23/02 (DATE)