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5/27 Took Company name off left Breky Inman as RA. Filled in arhib I & II.



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NAME OF CORFORATIONS

TAIL ANASSEE FLORINA

J. BRYAN MAY 2 7 2008

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: The Olsign Shope by Becky Inman ILC (Name of Eimited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bicky Innan = (Name of Person)
The Design Shappe By Becky Inman, CLC
1101 U.S. # 1 Clast "A"
Schastian E1 329\$8

For further information concerning this matter, please call:

(City/State/and Zip Code)

Bicky Inman at 72 913-0885

(Name of Person) at (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

MAILING ADDRESS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: The Design Shoppe by Becky Inman, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
1101 U.S. Highway One, Unit A, Sebastia to Fin 329
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
PCCLUS Name Name Name Name Florida street address (P.O. Box NOT acceptable)
Sebastian FL 32958 City, State, and 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 608, F.S.
Registered Agent's Signature
(An additional article must be added if an effective date is requested)
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.)
Rebecca Inman 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)