

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.

(((H03000210948 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

: A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

Phone

1 (305) 674-3313

Fax Number

; (305) 674-3359

LIMITED LIABILITY COMPANY

LEONORE WITT INTERIORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Department of State 8/10/2003 11:02 PAGE 1/1 RightFAX H030002109483



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 10, 2003

A1A CORPORATE SERVICES, INC.

SUBJECT: LEONORE WITT INTERIORS, LLC

REF: W03000016557

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Travor Brumbley Document Specialist FAX Aud. #: HD3000210948 Letter Number: 003A00936113

> 03 JUN 10 PM 12: 42 SLCRETARY OF STATE TANAL AHASSEE, FLORID

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32814

H03000210948 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is: LEONORE WITT INTERIORS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company Is: 6801 LAKEWORTH DR. SUITE 115

LAKE WORTH, FL 38467

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name end the Florida street address of the registered agent are: LEONORE SCHWARTZ 6801 LAKEWORTH DR. SUITE 115 LAKE WORTH, FL 33467

Having been named as registered agent to accept service of process for the above 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 egree to with the provisions of all statules relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered as provided for in Chapter 608, F,Syz.

Registered Apents Signature

Signature of a member or an authorized representative of a

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

LEONORE SCHWARTZ
Typed or printed name of signes

SECKETARY NO PM 12: 42

ALC: