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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 19, 2003

JILL YOUNG 5146 C W. CYPRESS ST. TAMPA, FL 33607

SUBJECT: JILL YOUNG GALLERIES LTD.CO.

Ref. Number: W03000017598

We have received your document for JILL YOUNG GALLERIES LTD.CO. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 203A00037716

Marsha Thomas **Document Specialist** Jill Young Galleries Ltd. Co. 5146 C W. Cypress St. Tampa, Fl 33607 Ph. 813~716-1131 Fx:813-637-8556

6/12/03

Enclosed is check for \$130.00 for Filing Fee for Articles Of Organization \$100.00 and \$30.00 for Certified Copy.

Thank you,

III Young

03 JUN 30 PM 3: 2:

ARTICLES OF ORGANIZATION FOR #LORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
The name of the Limited Liability Company is: It Young Galleries Ltd. Co.
JILL TOUNG BACIG ICO CIOC. So.
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
5146 CW CYPross ST
10MPU, +L 30007
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
JIL Young 5146CW Cypress St. Tampa. It 339 1761
The name and the Florida street address of the registered agent are:
JULYOUNG
interes
FULL O IN COUNTRY
5146UN WINESSI
Florida street address (PD/Box NOT acceptable)
10mm, - FI 336D7
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 aspregistered agent as provided for in Chapter 608, F.S.
(del Kolena
Registered Agent's Signature
recgistated Agent s Signature
(An additional article must be added if an effective date is requested)
(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 scaled become are true.)

Typed or printed name of signee

Filing Fees:

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