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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY
INTERDESIGN US, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
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Corporate Filing

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DIVISION OF CORPORATION
AND
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[Handwritten signature]

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERDESIGN US, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

540 HARBOR DRIVE
KEY BISCAYNE, FL 33149

Mailing Address:

540 HARBOR DRIVE
KEY BISCAYNE, FL 33149

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

DIEGO E. CORDOVA, C.P.A.
Name

8905 S.W. 87th AVENUE, SUITE 200
Florida street address (P.O. Box NOT acceptable)

MIAMI, FLORIDA 33176
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, Florida Statutes..


Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGER:

ROGER E. KHOURI

540 HARBOR DRIVE

KEY BISCAYNE, FL 33149

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Roger E. Khoure

Signature of a member or an authorized representative of a member.

(In accordance with section 608.406(5), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROGER E. KHOURI

Typed or printed name of signor

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)

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AND
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