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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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FIELD
SECRETARY OF STATE
DIVISION OF RECORDS
03 DEC -1 AM 8:50

TRANSMITTAL LETTER

EFFECTIVE D
1/26/01

TO: Registration Section
Division of Corporations

SUBJECT: PAITITI INT'L ACCENTS & DESIGNS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIACOMO BERTAINA
(Name of Person)

PAITITI INT'L ACCENTS & DESIGNS, LLC
(Firm/Company)

820 NW 86 AVE. SUITE 209
(Address)

PLANTATION, FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

GIACOMO BERTAINA at (954) 472-6042
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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DIVISION OF CORPORATIONS
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EFFECTIVE DATE
1/02/0

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAITITI INT'L ACCENTS & DESIGNS, LLC

ARTICLE II - Address:

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

Principal Office Address:

820 NW 86 AVE. STE. 209
PLANTATION, FL 33324

Mailing Address:

820 NW 86 AVE. STE. 209
PLANTATION, FL 33324

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

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

GIACOMO BERTAINA

Name

820 NW 86 AVE. STE. 209

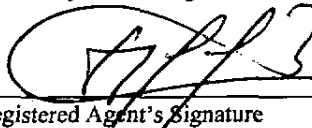
Florida street address (P.O. Box NOT acceptable)

PLANTATION FLORIDA 33324

City, State, and Zip

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DIVISION OF CORPORATIONS

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

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:

MGRM

GIACOMO BERTAINA

820 NW 86 AVE. STE 209
PLANTATION, FL 33324

MGRM

TERESA VANDERENDT

820 NW 86 AVE. STE. 209
PLANTATION, FL 33324

MGRM

ENRIQUE ALDAVE

JR. RECUAY 976
BRENA, LIMA - PERU

(Use attachment if necessary)

ARTICLE V - EFFECTIVE DATE 01-02-04

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

REQUIRED SIGNATURE:



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.)

GIACOMO BERTAINA

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)

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