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TRANSMITTAL LETTER

SUBJECT: STEVE BELL WALL COVERING	"L.L.C"
(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:	
Steve Bell (Name of Person)	
Steve Bell WALLCOVERING "L.L.C"	O3 DEC 11
2316 Spoon wood DR. (Address)	LED CORPORATION AM 10: 37
TAllAhASSee, 71. 32303 (City/State and Zip Code)	37 IONS
For further information concerning this matter, please call:	

STREET ADDRESS:

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

Steve Bell (Name of Person)

Registration Section

Division of Corporations

MAILING ADDRESS:

at (<u>\$50</u>) 212-3273 (Area Code & Daytime Telephone Number)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

Bell WAllcovering "L.L.C!

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:		
Steve Bell Name		
Florida street address (P.O. Box NOT acceptable)		
TAllahassee FL 32303 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointmen registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar w	t as ions c ith an	of all
accept the obligations of my position as registered agent as provided for in Chapter 608, F.	DEC II	SECRETARY
Registered Agent's Signature	AH 10: 37	Y OF STATE ORPORATIONS

(CONTINUED)

Page 1 of 2

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ARTICLE	IV-	Manager(s	or (Managing	Mem	ber(s):
		AT A SOLUTION IN COLUMN 1	,, ~~		A . A	~~~(5).

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

Title: "MGR" = Manager "MGRM" = Managing Member		Name and Address:
mgrm_		Strue C. Bell 2316 Spoonwood Dr TAllahasser, 71. 32303
	<i>⊋</i> .	<u> </u>

(Use attachment if necessary)

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.)

Steve C. Bell 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)