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Special Instructions to F	iling Officer:	

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DIVISION OF CURPORATION(LAHASSEE, F.

ROBERT MERGUPIS

609 SE Tauner Ave. Port Saint Lucie, Fl. 34984

January 1, 2004

Florida Department of State 409 E Gaines Street Tallahassee, Florida 32399 (850) 245-6051

To whom it may concern, I am writing this cover letter to comply with the form for registration of a limited liability company. I well be the registered agent of this LLC at the above address.

Sincerely,

O4 JAN -2 AM IO: 40
SECKETARY DI STATE

TRANSMITTAL LETTER

TO:	Registration Section	
	Division of Corporations	
SITRI	ECT:	Petra Interiors, LLC.
		Name of Limited Liability Company)
The e	nclosed Articles of Organization	and fee(s) are submitted for filing.
	Please return	all correspondence concerning this matter to the following:
Robert Mergupis		
	- Branch States of Control of Control of	(Name of Person)
		(Firm/Company)
		609 SE Tenner Ave.
		(Address)
	ter to enable to	Port Seint Lucie, Florida 34984
		(City/State and Zip Code)
For fu	orther information concerning the	is matter, please call:
	Robert Mergupis	at (772) 873-0312
	(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Plorida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

SECRETARY OF STATE.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Petra in	nteriors, LLC.
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4039 Gardenia Ave.	4039 Gardenia Ave.
Lake Worth, Florida 33461	Lake Worth, Florida 33461
ARTICLE III - Registered Agent, Reg The name and the Florida street address	gistered Office, & Registered Agent's Signature:
THE HAIR AND A DAME SHALL BOOKED	in in regulation again are.
Rob	ert Mergupis
	Name
z ona	SE Temper Bus
	SE Tanner Ave. dress (P.O. Box NOT acceptable)
	SE Tanner Ave. dress (P.O. Box NOT acceptable)
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Florida street add Port Cit g been named as registered agent and to ac my at the place designated in this certificat	dress (P.O. Box NOT acceptable) Saint Lucie, PLORIDA 34984 ry, State, and Zip scept service of process for the above stated limited liability re, I hereby accept the appointment as registered agent and
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Florida street add Port City The been named as registered agent and to act any at the place designated in this certificate a act in this capacity. I further agree to complete performance of my duties, and I am	dress (P.O. Box NOT acceptable) Saint Lucie, FLORIDA 34984 y, State, and Zip ccept service of process for the above stated limited liability te, I hereby accept the appointment as registered agent and apply with the provisions of all statutes relating to the proper a familiar with and accept the obligations of my position as
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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:	
MGRM	Robert Mergupis	
	609 SE Tanner Ave.	
	Port Seint Lucie, Florida 34984	
(Use attachment if necessary)		
NOTE: An additional article n	nust be added if an effective date is requested.	
REQUIRED SIGNATURE:	had Mewensis	
Signature of a member	or an authorized representative of a member.	
(In accordance with sec of this document consort that the facts stated here	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury sin are true.)	
	Robert Mergupis	
Тур	ped or printed name of signee	TALL.

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)