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(Re	equestor's Name)			
(Ac	ddress)			
(Ad	ddress)			
(Ci	ty/State/Zip/Phone	:#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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W4-3380

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Staging and Decorating Solutions, 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:			
Patricia C. Scott			
(Name of Person)			
(Firm/Company)			
98 Beechwood Trail			
(Address)			·
Tequesta, FL 33469			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Patricia Scott at (561) 747-2896			
(Name of Person) (Area Code & Daytime Telephone Number)			* 1 - * -
	SECRETAL TALLAHAS	6- NWF 10	
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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

incipal office of the Limited Liability Company is:
Mailing Address:
98 Beechwood Trail
Tequesta, FL 33469
Office, & Registered Agent's Signature: OH JAN - 9 PH 3: 49
. Box NOT acceptable)
FLORIDA 33469

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

Page 1 of 2 (CONTINUED)

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	Patricia C. Scott 98 Beechwood Trail Tequesta, FL 33469		 	
MGRM	Earl A. Scott 98 Beechwood Trail			
	Tequesta, FL 33469			
(Use attachment if necessary)				
NOTE: An additional article must be a	added if an effective date is requested.	SECHE	NVF 40	
_	thorized representative of a member.	WAY OF STATE	-9 PM 3: 49	PLED
	108(3), Florida Statutes, the execution firmation under the penalties of perjury	<i></i>	(LD)	

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

Patricia C. Scott

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee