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fisted R Smith Smith Elaine Ben W Smith



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 31, 2003

ELAINE R. SMITH 3207 BETTY DRIVE SARASOTA, FL 34232

SUBJECT: AV-SCISSORS LLC Ref. Number: W03000039863

We have received your document for AV-SCISSORS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only list one registered agent, please delete one of the agents and their signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Letter Number: 503A00069424

Nanette Causseaux Document Specialist Supervisor

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	Æ	Ŧ.	- N	ame:

The name of the Limited Liability Company is:

AV-SCISSORS LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
3207 BETTY DR.	3207 BETTY DR.		
SARASOTA, FL 34232	SARASOTA, FL 34232		

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

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

Elaine R. Smith Comme 3207 Betty Dr.

Florida street address (P.O. Box NOT acceptable) Sarasota, FL 34232 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, F.S..

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
manager	Elaine R. Smith
	3207 Betty DR. Sarasota, FL 34232
	ELAINE R. SMITH
	.
granages	-Ben W. Smith
	-3207 Bulty DR. Sar Sola, FL 34232
	
<u>-</u>	
(Use attachment if necessary)	

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

REQUIRED SIGNATURE:

Eleune R. Smith B. 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.)

ELAINE R. SMITH

BELL SMITH

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)

DIVISION OF COSPORATION