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## TRANSMITTAL LETTER

	stration Section tion of Corporations	
SUBJECT:	Architectural Amenities, 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:	
	Austin P. White Jr.	
	(Name of Person)	 د۔
	ı	3, W
	Architectural Amenities, LLC	选 40
-	(Firm/Company)	<del>~</del> ~ ~ ~ ~ ~
	(This Company)	一変多って
		- Company of the control of the cont
	5117 Rue Vendome	
	(Address)	**************************************
		(0,7), -
	Lutz, FL 33558	64
	(City/State and Zip Code)	<u> </u>
For further inf	formation concerning this matter, please call:	
	Austin P. White Jr. at ( 813 ) 948-9847	
	(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

## ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

	ES OF ORGANIZATION FOR ITTED LIABILITY COMPANY
FLORIDA LEVI	To Co. A.
ARTICLE I - Name: The name of the Limited Liability Com	ES OF ORGANIZATION FOR ITTED LIABILITY COMPANY pany is: Architectural Amenities, LLC
	Architectural Amenities, LLC
ARTICLE II - Address: The mailing address and street address of the Principal Office Address:	of the principal office of the Limited Liability Company is:  Mailing Address:
	<del> </del>
5117 Rue Vendome	Same as Principal Address
Lutz, FL 33558	
***************************************	
	gistered Office, & Registered Agent's Signature: of the registered agent are:
The name and the Florida street address	
The name and the Florida street address	of the registered agent are:
The name and the Florida street address  Austi	of the registered agent are:

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..

City, State, and Zip

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:

<u>Tide:</u>	Name and Address:	THE CONTRACTOR OF THE PARTY OF
"MGR" = Manager		800 G
"MGRM" = Managing Member		(25) C
MGRM	Austin P. White Jr.	
	5117 Rue Vendome	
	Lutz, FL 33558	·
MGRM	Suzanne Harris	
	16333 Burniston Dr.	,
	Tampa, FL 33647	
	· · · · · · · · · · · · · · · · · · ·	
· -		•
(Use attachment if necessary)		
(Ose attachment if necessary)		
NOTE: An additional auticle must	be added if an effective date is requeste	ai .
NOIE: An audinonal article must	be added it an effective date is requeste	ш.
REQUIRED SIGNATURE:	. (	
	01.140	
Ullota D	Unite of	
Signature of a member or a	n authorized representative of a member.	
An encordance with section f	508.408(3), Florida Statutes, the execution	
of this document constitutes	an affirmation under the penalties of perjury	
that the facts stated herein are	e true.)	
Austin +	White IR	
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)