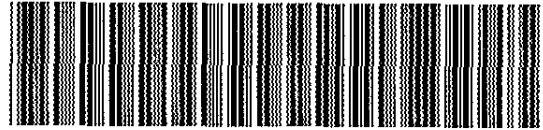


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04 FEB - 6 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



500025707085

02/06/04--01029--019 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REGISTRATION

TRANSMITTAL LETTER **FILED**

TO: Registration Section
Division of Corporations

04 FEB -6 AM 11:29

SUBJECT: OAK HILL DESIGNS, LIMITED LIABILITY COMPANY
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GINGER PHILLIPS
(Name of Person)

OAK HILL DESIGNS, LIMITED LIABILITY COMPANY
(Firm/Company)

7992 HIDDEN OAK COURT
(Address)

TALLAHASSEE, FLORIDA 32317
(City/State and Zip Code)

For further information concerning this matter, please call:

GINGER PHILLIPS at (850) 570-9678
(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**

FILED

04 FEB -6 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

OAK HILL DESIGNS, LIMITED LIABILITY COMPANY

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

67 7992 HIDDEN OAK COURT
TALLAHASSEE, FL. 32317

SAME

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

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

GINGER PHILLIPS

Name

7992 HIDDEN OAK CT.

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE, FLORIDA 32317

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, Florida Statutes..

Ginger Phillips

Registered Agent's Signature

FILED

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

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

DL FFB-6 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

GINGER PHILLIPS

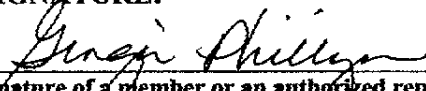
7992 HIDDEN OAK CT.

TALLAHASSEE, FL. 32317

(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.)

GINGER PHILLIPS
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)