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TRANSMITTAL LETTER

SUBJECT: Diva Decor + More, C.C. (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:	
Deve Dair-Mitchell (Name of Person)	
Diva Decor + More, L.C.	
3700 34th Street, Suite 200	
(Address)	
Orlando, Fland 32805 (City/State and Zip Code)	

For further information concerning this matter, please call:

TO:

Registration Section

DeDe Dair - Mitchell at (407) 363-1964
(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Diva Decor + 11/ore	LL,C	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3700 34 5treet	3700 34th Street	
Suite 200	Suite 200	
Drlando, FZ 32805	Dalando, FZ 32805	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered		
DeDe O'Dair-Mit	thell 2 7	
Florida street address (P.O. Box NOT acceptable)		
City, State, and Zip	ORIDA 32805	

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Manager	Snoron A. Stokes 8317 Lake Crowell Circle	
Manager	DeDe O'Dair-Mitchell 10209 Leeds Court	
	Orlando, Fl 32836	
(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 au	thorized representative of a member.	
(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true	08(3), Florida Statutes, the execution firmation under the penalties of perjury e.)	
Sharon Ar Stokes 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)

\$160.00