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| Certified Copies        | Certificate      | s of Status   |
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| Special Instructions to | Filing Officer:  | į             |
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## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations                                   |  |  |  |
|---|--|--|--|
| SUBJECT: ANNE TYPE INTERIORS L.L. (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:           |  |  |  |
| Name of Person)   |  |  |  |
| Firm/Company)   |  |  |  |
| 2356 Mills Ct   |  |  |  |
| (Address)   |  |  |  |
| (City/State and Zip Code)   |  |  |  |
| For further information concerning this matter, please call:                        |  |  |  |
| ANNETYPE at (904) 655-3638  (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

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| ARTICLE I - Name:   | 5 <del>-</del>                              |
|---|---|
| The name of the Limited Liability Company is:   | 38<br>38                                    |
| ANNE TYRE INTER   | iors 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:                            |
| 2356 Mills Ct   | 2356 Mills 4                                |
| JACKSONVIlle, FL  | JAcksonville, FL                            |
| 32216   | 32216                                       |
| ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered  NNE TYPE |   |

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..

2356 MW C+ Florida street address (P.O. Box NOT acceptable)

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (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.)

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)

Typed or printed name of signee