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LIMITED LIABILITY COMPANY

Pride Faux Finishing LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
Pride Faux Finishing LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Pride Faux Finishing LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1605 Robbins Road, Nokomis, Florida 34275.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Hillary Jacobson, 1605 Robbins Road, Nokomis, Florida 34275. Located in the County of Sarasota.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Hillary Jacobson, 1605 Robbins Road, Nokomis, Florida 34275


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelcior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Pride Faux Finishing LLC**

The name and address of the registered agent and office is: Hillary Jacobson, 1605 Robbins Road, Nokomis, Florida 34275. Located in the County of Sarasota.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: 
Hillary Jacobson

Date: March 25, 2004

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