

W4000040688

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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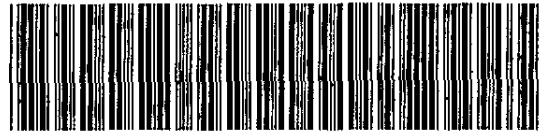
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAXAS DESIGN, LTD. CO.
(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:

AKULINAS KOVERA
(Name of Person)

SAXAS DESIGN LTD. CO
(Firm/Company)

P.O. Box 66846, ST. PETE BEACH, FL. 33736
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

AKULINAS KOVERA at (727) 424 3964
(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:

SAXAS DESIGN LTD. CO

ARTICLE II - Address:

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

Principal Office Address:

1951 45 ST. N

ST. PETERSBURG

FL. 33713

Mailing Address:

P.O. Box 66846

ST. PETE BEACH

FL. 33736

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

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

AKVILINAZ KOVERA

Name

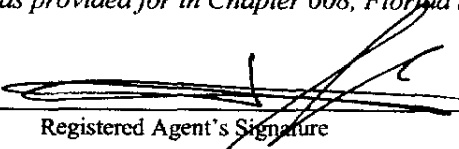
1951 45 ST. N

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

ST. PETERSBURG FL - FLORIDA 33713

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..


Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

AKVILINAS KOVERA

1951 45 ST. N, ST. PETERSBURG

FL. 33713

MGRM

DONATA KOVERIENE

1951 45 ST. N, ST. PETERSBURG

FL. 33713

(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.)

AKVILINAS KOVERA

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)