## L04000060520

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WOY-30084 J. BRYAN AUG - 6 2004

J. BAYAN ALIG 1 9 2004

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Art Kitchen Design LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following:  Antonio Rivera  (Name of Person)
Art Kitchen Design
7715 Suite F Ellis Rd
West Melbourne F1 32904 (City/State and Zip Code)
For further information concerning this matter, please call:
Vanessa Rivera at (301) 508 - 7444  (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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 6, 2004

ANTONIO RIVERA ART KITCHEN DESIGN LLC 7715 SUITE F ELLIS RD. WEST MELBOURNE, FL 32904

SUBJECT: ART KITCHEN DESIGN LLC

Ref. Number: W04000030084



We have received your document for ART KITCHEN DESIGN LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 804A00049087

## ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	F G v. i 20.
The name of the Limited Liability Company is:	
Art Kitchen Des	ign LLC.
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7715 Suite F	7715 Suite F
Ellis Rd West	Ellis Rd West
Molhourne Fl 329011	Nolhourne Fl 229AU

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

> Vanessa E. Rivera Palm Bay FLORIDA 32905 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..

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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MG R	Vanessa Rivera ? 1055 Hooper Ave N.F. Palm Bay Fl 32905	
MG KM_	Antonio Rivera 1055 Hopper Ave N.E. Palm Bay Fl 32905	
(Use attachment if necessary)		
	added if an effective date is requested.	
REQUIRED SIGNATURE:	<u> </u>	
Vanessa t	Lucia	
Signature of a member or an au	athorized representative of a member.	
(In accordance with section 608. of this document constitutes an at that the facts stated herein are true.)	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury (e.)	
_ Vanessa t	livera	
Typed or pri	nted name of signee	

<u>Filing Fees:</u> \$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)