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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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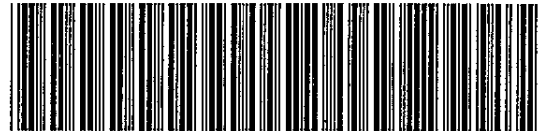
(Business Entity Name)

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04 OCT -5 PM 1:12

U.S. DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CATHY DAVIS DESIGNS, L.L.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:

CATHERINE C. DAVIS
(Name of Person)

CATHY DAVIS DESIGNS
(Firm/Company)

9937 TOWER PINE DRIVE
(Address)

WINTER GARDEN, FL 34787
(City/State and Zip Code)

For further information concerning this matter, please call:

CATHERINE DAVIS at (407) 383-3039
(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

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DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CATHY DAVIS DESIGNS, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

9937 TOWER PINE DRIVE
WINTER GARDEN, FL
34787

Mailing Address:

SAME

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

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

CATHERINE C. DAVIS
Name

9937 TOWER PINE DRIVE
Florida street address (P.O. Box NOT acceptable)

WINTER GARDEN FLORIDA 34787
City, State, and Zip

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DIVISION OF CORPORATIONS

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..

Catherine C. Davis
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:

MGRM

CATHERINE C. DAVIS
9937 TOWER PINE DR.
WINTER GARDEN, FL 34787

MEMBER

MICHAEL C. DAVIS
9937 TOWER PINE DR.
WINTER GARDEN, FL 34787

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Catherine C. Davis
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.)

CATHERINE C. DAVIS
Typed or printed name of signer

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DIVISION OF CORPORATE & FINANCIAL SERVICES
STATE OF FLORIDA

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)