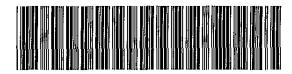
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PICK-UP WAIT MAIL	
(Therian Fakhaklana)	
(Business Entity Name)	
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Certified Copies Certificates of Status	_
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Constitution to the filling Officer	
Special Instructions to Filing Officer:	
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Office Use Only



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J. BRYAN OCT 2.0 2004

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: 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:

Design Cate Company)

Design Cate Company)

North Orange Avenue Fig. 3

(Address)

Orlando Fig. 32801

For further information concerning this matter, please call:

Name of Person) at (40) 650 8770 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$ \$130.00 Filing Fec &

2 \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### 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 October 13, 2004

To Whom It May Concern:

Donald F. Evans & Brad Fess are requesting the formation of: Design Crafters, LLC A Florida Limited Liability Company

Mailing Address: 1001 North Orange Avenue Orlando, Florida 32801

Daytime Telephone Number: 407/650-8770

If there are any questions concerning this request, please contact Donald F. Evans at either the phone number or address listed above.



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Design Crosters, 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:
1001 North Ornac Ave. Done
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:  Name  Name
Florida street address (P.O. Box NOT acceptable)  OCCOCO FL 3286 (  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, F.S.

Registered Agent's Signature

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

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

Typed or printed name of signec

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)