L040000 79042

2004 OCT 28 P 4 U 4

·	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
(Requestor's	Name)		
(Address)			
(Áddress)			
(City/State/Z	ip/Phone #)		
PICK-UP W	/AIT MAIL		
(Business Er	ntity Name)		
(Document Number)			
Certified Copies Ce	rtificates of Status		
Special Instructions to Filing Offi	cer:		
	AL		

Office Use Only



800041559848

10/28/04--01027--017 **155.00

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations CTURED DENDEDINGS COM LLC FILED

2004 OCT 28 P 4: 10

SUBJECT: RENDERINGS.COM LLC		CEDA
(Name of Limite	d Liability Company)	SEGRETARY I
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
KANWAL K. KAPUR, CPA		
(I	Name of Person)	-
KANWAL K. KAPUR, CPA		
	Firm/Company)	
25 WINTHROP DRIVE		
	(Address)	
WOODBURY, NY 11797		
(City/	State and Zip Code)	
For further information concerning this matter, please	call:	
KANWAL K. KAPUR	at (_516) 367-3227	
(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee,

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Certified Copy (additional copy is enclosed)

(additional copy is enclosed)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: SECRETARY OF STATE TALLAHASSEE, FLORIDA The name of the Limited Liability Company is: RENDERINGS.COM 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: 2388 TITAN ROW 2388 TITAN ROW ORLANDO, FL 32809 ORLANDO, FL 32809 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: NICHOLAS TRIMARCHE. Name 2388 TITAN ROW Florida street address (P.O. Box NOT acceptable) ORLANDO

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..

City, State, and Zip

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Ma				
The name and addre	ess of each Manage	r or Managing Member is as follows:		-
Title:		- Name and Address:	FILE	: D
"MGR" = Manager "MGRM" = Manag			2004 OCT 28 1	D 4:
MGRM		_G & G ADVERTISING INC.	SECRETARY OF TALLAHASSEE.	STA
		2388 TITAN ROW ORLANDO, FL 32809		LUK
MGRM		ARCHITECTURAL RENDERINGS 4388 LAKE ORLANDO PKWY.	LLC_	
		ORLANDO, FL 32808		
	gran de la companya		·····	
				,
		- <u> </u>		
		**************************************		•
(Use attachment if i	necessary)			
NOTE: An addition	onal article must b	e added if an effective date is requeste	ed.	
REQUIRED SIGN	NATURE:			
	X /			
Si	gnature of a member	or an authorized representative of a member	.	
		ion 608.408(3), Florida Statutes, the execution ites an affirmation under the penalties of perjury rein are true.)	y	

NICHOLAS TRIMARCHE
Typed or printed name of signee