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Florida Department of State

Division of Corporations Public Access System

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Account Name : WILKINS, FROHLICH, JONES, RUSSELL, HANAOKA'S MAZELLY Account Number : 120040000082
Phone : (941)429-1871
Fax Number : (941)429-8961

TARILITY COMPANY

ACCOUNT Number : (941)429-8961

Design Creations, L.L.C.

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ARTICLES OF ORGANIZATION OF DESIGN CREATIONS, L.L.C., A LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE 1 - Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "DESIGN CREATIONS, L.L.C."

ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is: 1090 Birchcrest Boulevard, Port Charlotte, Florida 33952.

ARTICLE III - Registered Agent:

The name and the Florida street address of the initial registered agent are: Frank J. Iscampo, 1090 Birchcrest Boulevard, Port Charlotte, Florida 33952.

ARTICLE IV - Management:

The Company is to be managed by one manager or more managers and therefore is a manager-managed company. The manager shall be Frank J. Iacampo and his address is 1090 Birchcrest Boulevard, Port Charlotte, Florida 33952.

ARTICLE V - Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this /57 day of APRIL 2005.

Frank J Riczmpo

Typed or printed name of signee

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.

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT OF DESIGN CREATIONS, L.L.C.

I hereby accept the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. My street address is 1090 Birchcrest Boulevard, Port Charlotte, Florida 33952. 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 under Chapter 608, Florida Statutes.

Frank J. Ispamno

FRANK I. IACAMPO X

Typed or Printed Name

In accordance with Section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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