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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 5, 2005

THURAYA KHATAR 979 SW 18TH STREET BOCA RATON, FL 33486

SUBJECT: MATTERS OF DESIGN LLC

Ref. Number: W05000037096

We have received your document for MATTERS OF DESIGN LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 705A00050525

TRANSMITTAL LETTER

J.,			
TO: Registration Section Division of Corporations	, , , , , , , , , , , , , , , , , , ,		
SUBJECT: WATTERS	OF DESIGN (Name of Limited Liability)	Company)	·
The enclosed Articles of Organiza	ation and fee(s) are submitted fo	or filing.	
Please return all correspondence of	concerning this matter to the following	lowing:	
THUPK	TA KHATAR (Name of Per	son)	and the second s
MATTERS O	F DESIGN (Firm/Corhps	LLC my)	
979 SN	1 18 th SPEE (Address)	W	
BOCA	PATON FU. (City/State and Zi	33486 ip Code)	<u></u>
For further information concerning	ng this matter, please call:		
THURATA KHA (Name of Person)	TAB at (56 (Ar	ea Code & Daytime To	9965 elephone Number)
Enclosed is a check for the foll	lowing amount	,	
	00.00 Filing Fee & \$155	5.00 Filing Fee &	☐ \$160.00 Filing Fee,
	cate of Status Certified	d Copy al copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Evidence of the second of the second	n ree.	MALAR RESERVE	nhoree.
STREET ADDRESS: Registration Section		MAILING A Registration S	ection
Division of Corporations		Division of Co	
409 E. Gaines Street		P.O. Box 6327	7
Tallahassee, Florida 32399		Tallahassee, F	lorida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	ΕI	- N	ame	:
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The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

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

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)

Page 1 of 2

The name and addre		ng Member(s): or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managi	ng Member	Name and Address:
MGRM		THURAYA KHATAB 979 SW 18 TH STREET BOCA RATON FL 33486
NGRM	en e	JAMES ARDUNO 3507 OAKS WAY POMPAND BEACH, FL 3306
	<u> </u>	
(Use attachment if no NOTE: An addition	• ,	added if an effective date is requested.
REQUIRED SIGN.	(Va	ania-
(In of	accordance with section this document constitute that the facts stated here	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury in are true.) A HATAC or printed name of signee
Filing Fees:		
of Register \$ 30.00 Certified C		ation and Designation

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