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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Design By Bishop, LLC (Name of Limited	d Liability Company)	
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Linda S. Bishop	Name of Person)	
·	,	
Design By Bishop, LLC	Firm/Company)	
· ·		
582 Crane Prairie Way	(Address)	
	,	
Osprey, Florida 34229 (City/	/State and Zip Code)	<del></del>
For further information concerning this matter, please	call:	
Linda S. Bishop	at (941) 918-4874 (Area Code & Daytime To	Manhous Number
(Name of Person)	(Area Code & Daytime 1)	etephone Number)
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	SECRIFICATION STATES OF ST
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section Sm N orporations 7

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Design By Bishop, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
582 Crane Prairie Way Opsrey, Florida 34229	582 Crane Prairie Way Osprey, Florida 34229
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
Linda S. Bishop Name	
582 Crane Prairie Way	ress (P.O. Box NOT acceptable)
Osprey, FL 34229 City, State, as	FL
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	sccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 600 F.S.  Signature

(CONTINUED)

# FILED

#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing N	Member
MGR	Linda S. Bishop
	582 Crane Prairie Way
	Osprey, FL 34229
<u> </u>	
(Use attachment if neces	sary)
NOTE: An additional	article must be added if an effective date is requested.
REQUIRED SIGNATI	JRE:
	Lenda S. Bihop
Signatu	ire of a member or an authorized representative of a member.
of this of that t	ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
1	Typed or printed name of signee
<del></del>	Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)