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2005 SEP 12

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MAIL ROOM

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

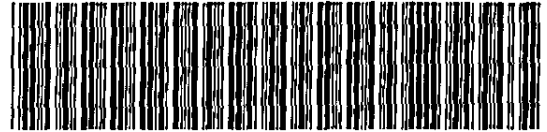
(Document Number)

Certified Copies _____ Certificates of Status _____

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THOMAS MAYER
4529 N. PINE ISLAND ROAD
SUNRISE, FLORIDA 33351

SEPTEMBER 2, 2005

FILED
SEP 12 P 1:48
TALLAHASSEE, FLORIDA

Secretary of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

RE: SIGNATURE ARTISAN GROUP LLC

Dear Sir or Madam:

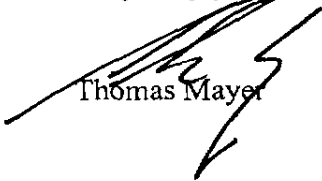
Enclosed are two (2) original copies of the Articles of Organization for the above-referenced entity. Also, enclosed is my check in the amount of \$125.00 representing the necessary fees to file same as follows:

Filing Fee	\$100.00
Designation of Registered Agent	25.00

Please return a stamped filed copy of the Articles of Organization, once filed, in the enclosed self-addressed, prepaid envelope provided for that purpose.

If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,


Thomas Mayer

Enclosures

ARTICLES OF ORGANIZATION FOR
SIGNATURE ARTISAN GROUP LLC, A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

NAME

The name of the Limited Liability Company is: **SIGNATURE ARTISAN GROUP LLC**

ARTICLE II

ADDRESS

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

Principal Office Address: 4529 N. Pine Island Road
Sunrise, Florida 33351

Mailing Address: 4529 N. Pine Island Road
Sunrise, Florida 33351

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Registered Agent are:

Thomas Mayer
c/o Karyo Law Firm
370 W. Camino Gardens Blvd., #201
Boca Raton, FL 33432

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

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TALLAHASSEE, FLORIDA

ARTICLE IV

MANAGING MEMBER

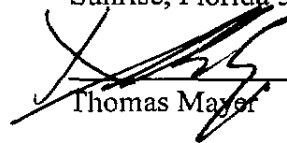
The names and addresses of the Managing Member is as follows:

Title

Name and Address

Managing Member

Thomas Mayer
4529 N. Pine Island Road
Sunrise, Florida 33351


Thomas Mayer

(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.)