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Parcorp Services, Ltd.

800-398-0461

P. 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : PARCORP SERVICES, LTD.
Account Number : 119990000011
Phone : (800) 603-2533
Fax Number : (800) 398-0461

800-398-0461 fax

LIMITED LIABILITY COMPANY

INTERIOR SOLUTIONS OF SOUTH FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERIOR SOLUTIONS OF SOUTH FLORIDA, LLC

ARTICLE II - Address:

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

Principal Office Address:

7657 NW 182ND TERRACE
MIAMI, FL 33015

Mailing Address:

7657 NW 182ND TERRACE
MIAMI, FL 33015

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

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

LUIS LEON

Name

7657 NW 182ND TERRACE

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33015

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)

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

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

Title:

"MGR" - Manager

"MGRM" Managing Member

Name and Address:MGRMLUIS LEON7657 NW 182ND TERRACEMIAMI, FL 33015MGRMJOSE A. TORRES8210 SW 192ND STREETMIAMI, FL 33015FILED
2005 SEP 30 AM 9:49
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(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.)

DAVID L. SURINA, ORGANIZER

Typed or printed name of signer

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)**

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