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SECRETARY OF STATE OF STATE OF CORPORATION OF CORPORATION 25

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TRANSMITTAL LETTER

TO: Registration Section	Effective	
Division of Corporations	1/01/2006	
SUBJECT: Avid Design Group LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Thomas F. Roed (Name of Person)	·	
Avid Design Grove (Firm/Company)		
317 High Tide Orive (Address)		DIVISI 2005
St. Augustine Beach Fc 32080 (City/State and Zip Code)		SECRETARY OF SIALL JIVISION OF CORPORATION 2005 NOV 23 PM 12: 25
For further information concerning this matter, please call:		17: RATION S. S. A. S.
(Name of Person) at (904) 461-	0636 Telephone Number)	25
Enclosed is a check for the following amount:		
\$\sqrt{125.00 Filing Fee} \sqrt{\$\sqrt{130.00 Filing Fee & Certified Copy (additional copy is enclosed)}}	☐ \$160.00 Filing Certificate of State Certified Copy (additional copy is end	us &

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Avid Design Gro	up, LLC
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1093 AIA Beach Blod. # 195 St. Augustine Beach, FL 32080	P.O. Box 840096 St. Augustine Beach, Fr. 32080
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	Office, & Registered Agent's Signature:
Thamas Name	
317 High To	le Drive 73 AATA 175 Proposition 175 Propositi
St. Augustine Beach	FL 32080

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)

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

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

Title:		Name and Address:	
"MGR" = Mana "MGRM" = Ma	ager anaging Member		
MGR		Jennifer Reed 317 High Tide Drive St. Augustine Boach, Fr 3208	<u> </u>
MGRM		Thomas F. Read 317 High Tide Drive St. Augustine Seach, FL 3208	
	<u> </u>		<u></u>
			SECRETARY OF STATION OF CORPORATION 2010 NOV 23 PM 12: 25
(Use attachmen	t if necessary)		TARIS OV 23
NOTE: An ad	ditional article must b	e added if an effective date is requested.	ORPO
REQUIRED S	IGNATURE:		RATIO
		16 11	් ගී
	Signature of a member	or an authorized representative of a member.	
	(In accordance with section of this document constitution that the facts stated her	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	
	Type	d 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)

ARTICLE V – Effective Date:

The requested effective date for this filing is:

January 1, 2006

DIVISION OF CORPORATION
DIVISION OF CORPORATION
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