

LO6 0000001934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

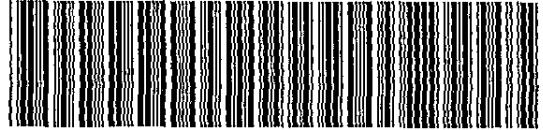
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200062498152

11/04/06 11008--015 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 JAN -4 PM 1:14

FILED

LO6-1934
OK

EFFECTIVE DATE
2-2-06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENCHANTED FAUX FINISHES, 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:

SHAYNA MARIE SMITH
(Name of Person)
ENCHANTED FAUX FINISHES, LLC
(Firm/Company)
SUITE 318, PMB 217, 5100 S. CLEVELAND AVE.
(Address)
FORT MYERS, FL 33907
(City/State and Zip Code)

For further information concerning this matter, please call:

SHAYNA MARIE SMITH at (239) 218-8531
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2006 JAN -4 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ENCHANTED FAUX FINISHES, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

SUITE 318, PMB 217
5100 S. CLEVELAND AVE.
FORT MYERS, FL 33907

SUITE 318, PMB 217
5100 S. CLEVELAND AVE.
FORT MYERS, FL 33907

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SHAYNA MARIE SMITH
Name

13031 8TH ST.
Florida street address (P.O. Box **NOT** acceptable)

FORT MYERS FL 33905
City, State, and Zip

2006 JAN -4 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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..

Shayna Smith
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE:
1-2-06

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:

MGRM

SHAYNA MARIE SMITH
SUITE 318, PMB 217, 5100 S. CLEVELAND AVE.
FORT MYERS, FL 33907

MGRM

SARAH SEWELL
4927 SW 8TH CT.
CAPE CORAL, FL 33914

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 2, 2006. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

2006 JAN -4 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.)

SHAYNA MARIE SMITH

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)