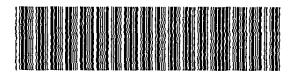
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Certified Copies	_ Certificates	of Status
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Office Use Only



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COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Angels Above Design 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:	
E. Lee Dusser Tr. (Name of Person)	
Angels Above Design LLC (Firm/Company)	
22 S. Clyde Street, Suite 2 FER & SARE LANGE FL 34741	T.
(City/State and Zip Code)	
For further information concerning this matter, please call:	
E. Lee Dusses at (274) (692-7422 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & \$\int \\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angels Above Design, LLC

(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
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:
22 5. Clyde St. Suite 2 Kissimmer, FL 34741	Same
22 S. Clyde	ered Agent. You must designate an individual or another

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 Separature (REQUIRED)

127105

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	E. Lee Dugger Jr. 22 S. Clyde St. Suite 7 Kissimmee, FL 34741
MGRM	Ting Dugger 1005 Scenic Rd Stuart, VA 24171
 	
	2006 JAN - 3 SECRETARY FALLAHASSE
(Use attachment if necessary)	OF ST

Signature of a member or an a thorized 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

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

that the facts stated herein are true.)

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