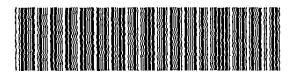
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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: CAM	ERON INTERIORS		
	(Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
RHOND	A MICHEL		
	(	Name of Person)	
			2
	(	Firm/Company)	
15013 E	BRIGHTON LANE	<u> </u>	LAHASSEE, FLORD
		(Address)	F. P.
DAVIE,	FL 33331		FLOR FLOR
	(City	/State and Zip Code)	Ö
For further informatio	n concerning this matter, please	call:	C
RHONDA MI	CHEL	at (954 ) 234-55	13
(Nar	ne of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fed	\$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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company	is:
CAMERON INTERIORS, LLC.	
(Must end with the words "Limited Liability Company, "Li	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15013 BRIGHTON LANE DAVIE, FL 33331	15013 BRIGHTON LANE DAVIE, FL 33331
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
RHONDA MICHEL	AHASSO FIL
Na	ANE address (P.O. Box NOT acceptable)
15013 BRIGHTON L	ANE address (P.O. Box NOT acceptable)
Florida street	address (P.O. Box NOT acceptable)
DAVIE, FL 33331	FL.
City, Sta	te, and Zip
United have worsed as varietized asset and	to account account a community of any first above at and dissipated

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	RHONDA MICHEL
	15013 BRIGHTON LANE
	DAVIE, FL 33331
	-1-
<u> </u>	
	<u> </u>
(Use attachment if necessary)  LE V: Effective date, if other than the	he date of filing: (OPTIC
	be specific and cannot be more than five business
days after the date of filing.)	
· ·	
REQUIRED SIGNATURE:	Muca. A substitute of a member.
(In accordance with of this document conthat the facts state	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury and herein are true.)
REOUIRED SIGNATURE:  Signature of a ment  (In accordance with of this document cor that the facts state	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury