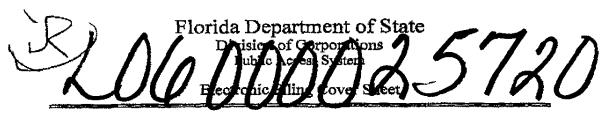
Fax: 888-692-9256

Mar 9 2006 16:00

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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Name

Account Number : 075350000353 Phone : (212)431-5000

Fax Number

: (212)431-1441

Fax Number : (212) 431-1441 FLORIDA/FOREIGN LIMITED LIABILITY CO. 10/20 Design, LLC Certificate of Status 0

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Help

Palm Harbor, FL 34584

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

s :		
principal office of the Limited Liability Comp	my is:	;
Mailing Address:		
2684 Mack Court		
Palm Harbor, FL 34684		
ed Office, & Registered Agent's Signature: registered agent are:	2006 MAR -	DIVISION OF CORPORAL
	Q	8
d	PHIZ	RPORA
	Mailing Address: 2684 Mack Court Palm Harbor, FL 34684 ed Office, & Registered Agent's Signature: registered agent are:	Principal office of the Limited Liability Company is: Mailing Address: 2684 Mack Court Palm Harbor, FL 34884 ed Office, & Registered Agent's Signature: registered agent are:

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.,

City, State, and Zip

Registered Agran's Signature

(CONTINUED)

Page 1 of 2

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	Ben McHugh 2684 Mack Court	
	Palm Harbor, FL 34684	_
		<u>-</u> -
		- 20 0
		OIVISION C
(Use attachment if necessary)		PH 12: 03
NOTE: An additional article must b	e added if an effective date is requested.	Tion.
REQUIRED SIGNATURE:		.,
Signature of a member	or an authorized representative of a member.	
	ion 608.408(3), Florida Statutos, the execution ites an affirmation under the penalties of perjury roin are true.)	
Justin T. Reed, Organ		
Тур	ed 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)