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COVER LETTER*

		••	
TO: Registration Sect Division of Corpo		56° Y	•
SUBJECT:	Artistical Or (Name of Limited	Liability Company)	
The enclosed Articles of C	Organization and fee(s) are su	bmitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jeannie L. Bea	A + Cleare, c A. Name of Person)	Beach J.
	Artistical Dis	iran LLC iran/Company)	
	14835 Jack	Vause Ldg (Address)	
	Tall. Fla	31310 State and Zip Code)	
For further information co	oncerning this matter, please	call:	
George Bear	c. h of Person)	at (850) 544- (Area Code & Daytime T	706/ elephone Number)
Enclosed is a check for	the following amount:		
\$125,00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Artistical Design L.L.C 14825 Jack Vause Ldg Tall Fla 72310	Artistical Disige Litie 14825 Jack Vanse Ldg Tall Fl 32310

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:

| Conc. A. Deach Jr. |
Name	ANN
Name	ANN
Name	ANN
Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL 32310	
City, State, and Zip	

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	Name and Address: Member
MGRM	Jeannie L. Beach 14825 Tack Varse Ldg Tall Fl. 37310
MGRM	Clarge A. Beach dr. 14815 Jack Vause Ldg Tall Fl 32310
(Use attachment if nece	essary) f other than the date of filing: (OPTIONAL)
CTEV: Ettective date in	ne date must be specific and cannot be more than five business days
effective date is listed, th	
effective date is listed, the days after the date of REQUIRED SIGNAT	filing.)

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)