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COVER LETTER

TO: Registration Se Division of Co		•	
SUBJECT: ONW	ARD INTERIORS, (Name of Limite	LLC d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
PAUL CH	IRISTIAN LAW		
	(Name of Person)	
ONWARI	O INTERIORS, LL	_C Firm/Company)	
4450.00			
1156 OA	K RIDGE ROAD	(Address)	
TALLAH	ASSEEE, FL 32	2305	
	<u>*</u>	/State and Zip Code)	ALL SEI ALL ACL
For further information	concerning this matter, please	call:	SECRETARY CF STATE ALLAHASSEE FEDRIDA belone Number 10.58
P. CHRISTIAN	I LAW	at (850) 251-523	5 EG A
(Name	e of Person)	(Area Code & Daytime Tele	ephone Number S 70.5
Enclosed is a check for	or the following amount:		5. CO
▼ \$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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
ONWARD INTERIORS, LLC	
(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 p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1156 OAK RIDGE ROAD	
TALLAHASSEE, FL 32305	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
PAUL CHRISTIAN LAW	2 2 2 1 3 1
Name	STA D
1156 OAK RIDGE ROA	
Florida street ad	dress (P.O. Box NOT acceptable)
TALLAHASSEE	FL 32305
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

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	PAUL CHRISTIAN LAW - 100% 1156 OAK RIDGE ROAD TALLAHASSEE, FL 32305
	SECRETAN
(Use attachment if necessary)	9 AMI
CLE V: Effective date, if other than the effective date is listed, the date must loo days after the date of filing.)	the date of filing: 04/19/2006 COPTIONAL DESCRIPTION OF SPECIFIC AND CANNOT BE MORE THAN TWO FUSINGS DESCRIPTION OF THE PROPERTY OF THE PROPER

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.)

PAUL CHRISTIAN LAW

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)