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DIVISION OF CORPORATIONS

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From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CUSTOM PENDANT LUMINARIES, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
OF
CUSTOM PENDANT LUMINARIES, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **CUSTOM PENDANT LUMINARIES, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 443 NE Little Mullet Ct , Port St Lucie, Florida 34983.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS


The name and address of the initial registered agent is: Business Filings Incorporated , 1203 Governors Square Blvd Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:
Wally Ratican, 443 Ne Little Mullet Ct , Port St Lucie, Florida 34983
Lara Prestipino, 3103 W. Wilson #1, Chicago, Illinois 60625


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200
Madison, WI 53717
(608) 827-5300

SECRET
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **CUSTOM PENDANT LUMINARIES, LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____



Date: 04/14/06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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