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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

TO:	Registration Se Division of Co				
SUBJI	ECT: Wood	Mark Designs LLC (Name of Limite	d Liability Comp	any)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing	g.	
Please	return all corresp	ondence concerning this matte	er to the following	; :	
	Patsy A. B	owlds			
		. (Name of Person)		
	WoodMark	Designs LLC			
		((Firm/Company)		
	3650 Gatli	n Drive			
			(Address)		
	Viera, FL	32955			
		(City	/State and Zip Code	:)	
For fur	ther information	concerning this matter, please	call;		
Patsv	/ A. Bowlds		at (321	633-971	2
	(Name of Person)		(Area Code & Daytime Telephone Number)		
Enclos	ed is a check fo	or the following amount:			
\$125	\$125.00 Filing Fee \$130.00 F Certificate of		\$155.00 Fi Certified Copy (additional copy)	у	\$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	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding cutive Center ee. FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp	pany is:		
WoodMark Designs LLC			
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
3650 Gatlin Drive	3650 Gatlin Drive		
Viera, FL 32955	Viera, FL 32955		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another		
The name and the Florida street address	of the registered agent are:		
Patsy A. Bowlds	- 1987년 - 1987 - 1987년 - 1987		
	Name Care		
3650 Gatlin Drive			
Florida s	street address (P.O. Box NOT acceptable)		
Viera, FL 32955 City	FL , 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:

Title: "MGR" = Manager	Name and Address:					
"MGRM" = Managing Member						
MGRM	Patsy A. Bowlds					
	3650 Gattin Drive					
	Viera, FL 32955					
MGRM	James M. Bowlds					
MGKW	3650 Gatlin Drive					
	Viera, FL 32955					
MGRM	Anne G. Dole					
	4607 Helena Drive					
	Titusville, FL 32780					
MGRM	Robert D. Dole					
	4607 Helena Drive					
	Titusville, FL 32780					
	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior					
REQUIRED SIGNATURE:						
Satur G. Brilde						
Signature of a r	Signature of a member or an authorized representative of a member.					
of this documen	(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.)					
Patsy	Postsy A Bowlds Typed or printed name of signee					
	0 1					
Filing Fees:	프 프린					

\$125.00 Filing Fee for Articles of Organization and Designation

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