# L06000073883

(Req	uestor's Name)	
(Add	iress)	
<b>(</b>	,	
·····		
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
<del></del>		<del></del>
(Bus	iness Entity Nam	e)
(Doc	ument Number)	
•	•	
and the second		* O'- (
Certified Copies	Certificates	of Status
Mantal	Priloce	-
Special instructions to F	ilina Officae	
Special institutions to 1		ZVAU
14 7 4 4 5 1 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE RY PHON	E TO
<b>W</b> 140 PC-4	200	4 Auto con
MANGE -	name_	emour
TATE	7/27/06	Elaterions
	0.00	
DOC EXAM	KUI	- Andrew Control of the State o
ļ		

Office Use Only



500077882895

07/24/06--01034--025 \*\*130.00

DIVISION OF CORPORATIONS

OF JUL 24 MM 9.1.2

B. Tardock JUL 2 6 2006

## COVER LETTER ...

TO: Registration Division of 0		<b>x</b> .	
SUBJECT: Baker	Interiors Resource Gr	oup, Ltd. Co.	
	(Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
Chantal S			
<del></del>	**************************************	Name of Person)	
Baker Inte	eriorResource Group		
		(Firm/Company)	<u> </u>
PO Box			
<del></del>		(Address)	
Ormond	Beach, FL 32175		
	(City	/State and Zip Code)	
For further information	n concerning this matter, please	call:	
Sam Baker		at ( 407 ) 310-542	6
(Nai	ne of Person)	at (407 ) 310-542	elephone Number)
Enclosed is a check	for the following amount:		
☐ \$125.00 Filing Fe	e  \$\sqrt{2}\$130.00 Filing Fee & Certificate of Status	\$155.00 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	ns

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Daytona Beach,

(Must end with the Words "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Comp
Principal Office Address:	Mailing Address:
1455 North Grandview Ave.	PO Box 1956
Daytona Beach, FL 32118	Ormond Beach, FL 32175
	Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another)

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

Florida street address (P.O. Box NOT acceptable)

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:

Manager	Chantal S Baker
	1455 North Grandview Ave.
	Daytona Beach, Fl 32118
	وه ميل در اين رسولها . در در د
· · ·	
	<u> </u>
(Use attachment if necessary)	
(Ose anaemient ii necessary)	
LE V: Effective date, if other than the da	ate of filing: (OPTIONAL)

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.)

#### 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)