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(Requestor's Name)				
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PICK-UP	TIAW	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE DIVISION OF CORPORATION





## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2006

HERBERT J. BUCK ACCOUNTANT 5405 JAEGER RD. NAPLES, FL 34109

SUBJECT: INTERIOR INSIRATIONS, LLC

Ref. Number: W06000032030

We have received your document for INTERIOR INSIRATIONS, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

THE INCORRECT COVER LETTER WAS SUBMITTED, PLEASE COMPLETE THE ENCLOSED COVER LETTER.,

There is a balance due of \$100.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 806A00046114

SECRETARY OF STATE DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

TO: Registration S Division of Co					
SUBJECT:	INTEMOR	INSPIRATION	ons LL	-	
(Name of Limited Liability Company)					
The enclosed Articles	of Organization and fee(s) are	submitted for filing.			
Please return all corres	pondence concerning this matt	er to the following:			
<del></del>	Herbert J.	Buck, Accountant	- ^-		
	5405 Jaeg Napies, Fl	Senfold Person)			
	Maples, 1	2 04 100			
		(Firm/Company)			
		•			
				20 S	
		(Address)		SECRETARY OF STATE SECRETARY OF CORPORATIONS 2006 AUG - 1 PH 12: 22	
				G PAR	
	(City	/State and Zip Code)	<del></del>	- ORP	
For further information	concerning this matter, please	. call:		STA STA	
	Buck, Accountant	<b>V</b>		<b>7</b> . €	
5405 Jaege		at (239) 519: (Area Code & Daytime To	4244	<b>7</b> 5	
Naples(NPL	94'(109)	(Area Code & Daytime Te	elephone Number)		
Enclosed is a check fo	or the following amount:				
\$125.00 Filing Fee	☐ \$130.00 Fiting Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing F Certificate of Status Certified Copy (additional copy is enclo	&	
2012	PT ANNEYSS.	MAH INC A	NAPES.		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Plorida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The family con-	apany is:	
INTERIOR INSPIRATIONS, I	LC	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
1744 SAN BERNARDINO WAY NAPLES, FLROIDA 34109		
ARTICLE III - Registered Agent, Reg	gistered Office, & Registered Agent's Sig	nature:
The name and the Florida street address	of the registered agent are:	
	of the registered agent are:	pivision of cr
The name and the Florida street address	of the registered agent are:  AS  Name	DIVISION OF YOR  2006 AUG - 1
The name and the Florida street address  GAYLE HJORTAA  1744 SAN BERN	of the registered agent are:  AS  Name	DIVISION OF YOR  2006 AUG - 1
The name and the Florida street address  GAYLE HJORTAA  1744 SAN BERN Florida s	of the registered agent are:  AS  Name  IARDINO WAY	

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.

egistered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s)	):
The name and address of each Manager or Managing N	

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
	<b></b>
MGRM	GAYLE HJORTAAS
	1744 SAN BERNARDINO WAY
	NAPLES, FLORIDA 34109
MGRM	BROOKE HJORTAAS
	1744 SAN BERNARDINO WAY
	NAPLES, FLORIDA 34109
	•
<u> </u>	

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

GAYLE HJORTAAS
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)