(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	TO: Registration Section Division of Corporations					
SUBJE	CT: Painted	d Crane, LLC	•••		··	
		(Name of Limite	d Liability C	ompa	any)	
The enc	losed Articles o	f Organization and fee(s) are s	ubmitted for	filing	g .	
Please re	eturn all corresp	ondence concerning this matte	r to the follo	wing	:	
[David Shoo	ckley				
_		(1	Name of Perso	n)		
F	Painted Cra	ane, LLC				
		(Firm/Compan	y)		
2	2600 No. I	Flagler Dr., #1002				
_			(Address)			
\	Nest Paln	n Beach, FL 33407	,	•		
_		(City	State and Zip	Code	:)	
For furth	ner information	concerning this matter, please	call:			
David Shockley		at (561	,	762-552	29	
<u> </u>	(Name	of Person)		a Code	e & Daytime T	Telephone Number)
Enclose	ed is a check for	or the following amount:				
	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.0 Certified (additional of	Copy	-	\$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	Regi Divi Clift 2661	istrati ision ton B I Exe	on Section on Section of Corporation uilding secutive Cente see, FL 32301	ons r Circle

AUG-7 PH 1:5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Painted Crane, LLC					
(Must end with the words "Limited Liability Company, "Limit	ted 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:				
2600 No. Flagler Dr., #1002	2600 No. Flagler Dr., #1002				
West Palm Beach, FL 33407	West Palm Beach, FL 33407				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or another				
The name and the Florida street address of the	registered agent are:				
David Shockley					
Name					
2600 No. Flagler Dr., #1002					
Florida street ad	dress (P.O. Box NOT acceptable)				
West Palm Beach	FL 33407				
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 (EQUIRED)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE

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	Name and Address:				
"MGRM" = Managing Member					
MGR	Xiao Yan Wang-Shockley				
	2600 No. Flagler Dr., #1002				
	West Palm Beach, FL 33407				
					
(Use attachment if necessary)					
	d. L. CGU August 1 2005				
If an effective date is listed, the date m	in the date of filing: August 1, 2006 (OPTIONAL) ust be specific and cannot be more than five business days prior				
to or 90 days after the date of filing.)	and the specific and cannot be more than five business days prior				
REQUIRED SIGNATURE:					
Cau					
	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.)

David Shockley

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)

SECRETARY OF STATE
TALL'AHASSEE, FLORIDA