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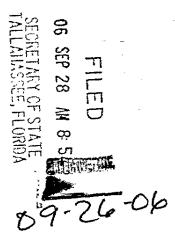
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PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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#### **COVER LETTER**

TO: Registration Se Division of Co.		*	
SUBJECT:	lantras by 1 (Name of Limited	esign, LLC d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Suzann E	Pain	_ ·
	antras by Des		
	Mt. Vernon	St. (Address)	
Orlan	do, FL 3281 (City.	03 (State and Zip Code)	<del></del>
	concerning this matter, please		
Suzann (Name	Bain of Person)	at ( 305 ) 469. 9 (Area Code & Daytime To	1039 elephone Number)
Enclosed is a check for	or the following amount:	44	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallabasese Fi 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building	ns

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Mantras by Design, LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")  ARTICLE II - Address:				
The mailing address and street address of the principal office of the Limited Liability Company				
Principal Office Address:  Mailing Address:				
1000 Mt. Vernon St. 1000 Mt. Vernon St. Orlando, FL 32803 Orlando, FL 32803				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
Suzan Bain Name				
Florida street address (P.O. Box NOT acceptable)				
Orlando FL 32803 City, State, and Zip				
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S  Registered Agent's Signature (REQUIRED)				
(CONTINUED) SEE 5				

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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Sutann Bain
	oriando, Fr 32803
Member	Eric Alternan
•	180 W. 20th St., #9F New York. NV 10011
st t	
Membaer	Laresa Tapia
	457 Meadowood Blad.
1	tern rank, the this
Member	Krista Watternorth
	180 W. 20th St., #9F
	New York, NY 10011
(Use attachment if necessary) This	LLC shall be nanager-managed.
	date of filing: 9.26.2006 (OPTIONAL)
	specific and cannot be more than five business days prior
o or 90 days after the date of filing.)	
-	

## **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.)

SUTAIN BAIN
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)