

Division of Corporations

LO6000 112598

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO

Shades of Design Ltd. Co.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

SHADES OF DESIGN LTD. CO.

ARTICLE II: Address

The mailing address and street address of the principal office of the Limited Liability Company is:

12025 SE 57TH AVE

BELLEVIEW, FL 33420

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

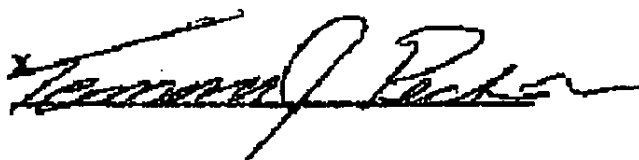
The name and the Florida street address of the registered agent are:

TAMARA J. PECKMORE

12025 SE 57TH AVE

BELLEVIEW FL 33420

Having been named as registered agent 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.



TAMARA J. PECKMORE/ Registered Agent's Signature

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

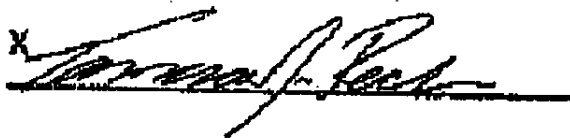
ARTICLE V: MEMBERS (optional)

Managing Member:

TAMARA J. PECKMORE

12025 SE 57TH AVE

BELLEVIEW, FL 33420



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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.)

TAMARA J. PECKMORE

Typed or printed name of signee

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