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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: COLORS BY MARCELO LLC (Name of Limited Liability Company)
	(Name of Diffuse Diability Company)
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
_	MARCELO ARAUJO (Name of Person)
	(value of tersory)
-	COLORS BY MARCEUO (Firm/Company)
	' (Firm/Company)
	9050 West Hwy 98 #36 (Address)
_	(Address)
	Pensacula, PL 32506 (City/State and Zip Code)
-	(City/State and Zip Code)
For furt	her information concerning this matter, please call:
<u> M</u>	ARCEVO ARAUJO at (050) 5254435 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area code de Daytime Pelephone Number)
Enclose	ed is a check for the following amount:
\$12 5.	00 Filing Fee \$\bigset\$ \$130.00 Filing Fee & Certificate of Status \$\bigset\$ Certified Copy (additional copy is enclosed) \$\bigset\$ Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	ed Liability Company is:	
		ARCETO LCC d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address an		incipal office of the Limited Liability Company is:
Principal Office Adda	ress:	Mailing Address:
9050 West Pensaciola,	HWY 98 #36 FL 32506	9050 west Hwy 98 #36 pensacolar or 32506
	ny cannot serve as its own Registr	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Flori	ida street address of the re	egistered agent are:
	M ARCEU Name	O ARAUJO
		ress (P.O. Box <u>NOT</u> acceptable)
	Pensawa City, State, a	
liability company a	nt the place designated in th	accept service of process for the above stated limited his certificate, I hereby accept the appointment as

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 (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:

MGR	MARCEW ARAUJO
	9050 West Hwy 98 #3 Pensaciala, FL 32500

Use attachment if necessary)	
EV: Effective date, if other than th	e date of filing: (OPTION

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.)

MARCELO SOHER MOTA DE ARAUJO

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)