

FEB-15-2007 07:41

GRAY ROBINSON

407 4186529 P.01/02

DIVISION OF CORPORATIONS

FEB 15 2007

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Fax Number : (850) 205-0383

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Artson, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: ARTSON, LLC.

ARTICLE II - Addresses:

The street address of the principal office of the Limited Liability Company is: 5115 N. US Highway 17, DeLeon Springs, Florida. The mailing address of the Limited Liability Company is: 1445-16th Street, Orange City, FL 32763.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Paul J. Katrek
1445-16th Street
Orange City, Florida 32763

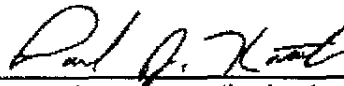
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

Article IV - Management:

The Limited Liability Company is to be managed by its members and is, therefore, a member managed limited liability company.



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.)

Paul J. Katrek, Member
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)

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