

Box 14

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

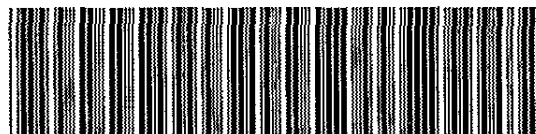
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**SEVERSON, SHELDON,  
DOUGHERTY & MOLEND, P.A.**

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THOMAS R. DONELY  
JESSICA L. SANBORN  
RYAN J. BIES  
CHAD E. BAYSE

February 21, 2007

Florida Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Registration Section  
Our file #: 9608-26165  
Delirium Designs, L.L.C. - Organization

Dear Sir or Madam:

I am enclosing for filing the Articles of Organization and fees related to Delirium Designs, L.L.C.

Please return all correspondence regarding this matter to the following:

Larry S. Severson, Esq.  
SEVERSON, SHELDON, DOUGHERTY & MOLEND, P.A.  
7300 West 147<sup>th</sup> Street, Suite 600  
Apple Valley, Minnesota 55124

For further information concerning this matter, please call:

Larry S. Severson at 952-953-8843.

A check in the amount of \$160.00 is enclosed as and for the filing fee, Certificate of Status and certified copy of the same.

Sincerely,

SEVERSON, SHELDON, DOUGHERTY & MOLEND, P.A.

Larry S. Severson  
LSS/pjk  
Enc.  
C: Robert J. Field



**DELIRIUM DESIGNS, L.L.C.**

**ARTICLES OF ORGANIZATION**

**FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**NAME**

The name of the Limited Liability Company is: DELIRIUM DESIGNS, L.L.C.

**ARTICLE II**

**ADDRESS**

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

**Principal Office Address:**

2630 Southeast 19<sup>th</sup> Avenue  
Cape Coral, Florida 33904

**Mailing Address:**

2630 Southeast 19<sup>th</sup> Avenue  
Cape Coral, Florida 33904

**ARTICLE III**

**REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S SIGNATURE**

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

Robert J. Field  
2630 Southeast 19<sup>th</sup> Avenue  
Cape Coral, Florida 33904

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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

MANAGER OR MANAGING MEMBER

The name and address of each Manager or Managing Member is as follows:

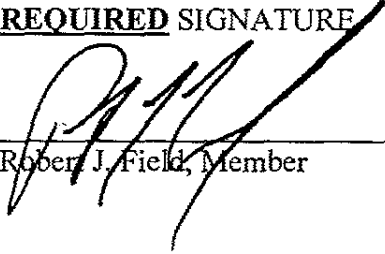
Title:

MGRM

Name and Address

Robert J. Field  
2630 Southeast 19<sup>th</sup> Avenue  
Cape Coral, Florida 33904

REQUIRED SIGNATURE

  
Robert J. Field, Member

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