Division of Corporations Public Access System

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(((H09000009149 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

. Phone

: (608)827-5300

Fax Number

: (608)827-5501

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ArtBinders LLC

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$155.00

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EXAMINER

FAX AUDIT # H0900009149 3

ARTICLES OF ORGANIZATION OF ArtBinders LLC

ARTICLE I

NAME

The name of the limited liability company shall be: ArtBinders LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 201 Chrysler Avenue, Santa Rosa Beach, Florida 32459.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Jessy Holtermann, 201 Chrysler Avenue, Santa Rosa Beach, Florida 32459

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: January 14, 2009

WI 53717

(608) 827-5300

Marill

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
9145 SW. 40st	9145 S.W. 40 Sf
Miami FL 33165	Miom PL 33165.
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:	
Jose A. T	laz
Name	
9145 SW 40	st Sufe 20
Florida street address (P.O. Box NOT acceptable)	
Mome	FL 88/16
City, State, and Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of al formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Dos	& Slean

Registe ed 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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.) 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)