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Florida Department of State
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Schuman Beads, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

M. THOMAS

DEC - 2 2009

EXAMINER

FAX AUDIT # 4090002500513

**ARTICLES OF ORGANIZATION
OF
Schuman Beads, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Schuman Beads, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
18800 NE 29th Ave., East 723 Aventura, Florida 33180.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Paul Schuman, 18800 NE 29th Ave East 723, Aventura, Florida 33180. Located in the County of Miami Dade.

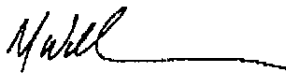
ARTICLE IV DURATION

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:

Paul Schuman, 18800 NE 29th Ave., East 723 Aventura, Florida 33180



Date: November 17, 2009

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

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4090002500513CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Schuman Beads, LLC

The name and address of the registered agent and office is Paul Schuman, 18800 NE 29th Ave East 723, Aventura, Florida 33180. Located in the County of Miami Dade.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:


Paul Schuman

Date:

11-18-09

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