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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
TALLAHASSEE, FI OPINA

S. HAWKESMAR _ **5** 2010

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

| SUBJECT: Nichole | Tate Design, LLC | | |
|--------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| | | ted Liability Company | |
| The enclosed Articles of | of Organization and fee(s) are | submitted for filing. | |
| Please return all corres | pondence concerning this mat | tter to the following: | |
| Nichole Willia | amson Tate | | |
| - | | Name of Person | |
| Nichole Tate | Design, LLC | | |
| | | Firm/Company | |
| 898 Thorough | nbred Drive | | |
| | - | Address | |
| Orange Park, | Florida 32065 | | |
| | Ci | ty/State and Zip Code | _ |
| Nictate25@a | | for future annual report notification) | |
| For further information | concerning this matter, pleas | - , | |
| Nichole Williamson | | at (904) 619-4635 | |
| Name | of Person | Area Code & Daytime Tele | phone Number |
| Enclosed is a check for | or the following amount: | | |
| □\$125.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Taltahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nichole Tate Design, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

| Principal Office Ad | <u>dress:</u> | Mailing Address: |
|----------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 98 Thoroughbred Drive | | 898 Thoroughbred Drive |
| Orange Park, Florida 32065 | 5 | Orange Park, Florida 32065 |
| | | egistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or anothe |
| business entity with an acti | ive Florida registration.) | s of the registered agent are: |
| business entity with an acti | ve Florida registration.) orida street addres | s of the registered agent are: |
| business entity with an action Γ he name and the Flo | ve Florida registration.) orida street addres | s of the registered agent are: n Tate Name |
| business entity with an action Γ he name and the Flo | ve Florida registration.) prida street addres: lichole Williamson 98 Thoroughbre | s of the registered agent are: n Tate Name |
| business entity with an action of the name and the Floring No. | ve Florida registration.) prida street addres: lichole Williamson 98 Thoroughbre | s of the registered agent are: n Tate Name d Drive |

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

| "MGR" = Mar "MGRM" = M | nager Ianaging Member | Name and Address: |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MGR | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| WOK | | Nichole Williamson Tate |
| | | 898 Thoroughbred Drive Orange Park, Florida 32065 |
| | | Grange Park, Florida 32003 |
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| (Use attachme | nt if necessary) | |
| LE V: Effective fective date is days after the | ve date, if other than the listed, the date must be date of filing.) | date of filing: (OPTION e specific and cannot be more than five business da |
| LE V: Effective fective date is days after the | ve date, if other than the listed, the date must be | date of filing: (OPTION e specific and cannot be more than five business da |
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| LE V: Effective fective date is days after the | ve date, if other than the listed, the date must be date of filing.) SIGNATURE: | date of filing: (OPTION e specific and cannot be more than five business date of a member. |
| LE V: Effective fective date is days after the | ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sec | r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury |
| LE V: Effective fective date is days after the | ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitution. | r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.) |
| LE V: Effective fective date is days after the | ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitutat the facts stated here. | r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.) |