## L1000000000036753

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
MAR 10 2010
EXAMINER

Office Use Only



100171216081

03/08/10--01018--018 \*\*160.00

SECRETARY OF STATE

FILED

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	THE DESIG	DAUDZ G	LLC.	
Sebsect.	Name of Limit	ed Liability Company		
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	YUEN S	CHERER Name of Person		
•	THE DESIG	daup2 4		
		Firm/Company		7.S.
	2583 NW	23PD WAY		2010 HAR -8 PM 12: 35 SECRE KARY OF STATE TALLAHASSEE, FLORID
		Address		-8 7.5.8.
	BOLL RATE	ON, FL 3	3431	EF. F
	BOCA RATE	y/State and Zip Code	COM	2: 3: STATE LORU
	E-mail address: (to be used t			<u> </u>
For further information	concerning this matter, please	e call:		
YUEN SO	HERER	at ( 954) 3	328 0983	
Name	of Person	Area Code & Day	time Telephone Numb	er
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 enc	Certificat losed) Certified	te of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	★ Street/Courier Registration Sec Division of Cor Clifton Building	tion porations	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the L	imited Liability	Company is:					
	HE DESIE				· · · · · · · · · · · · · · · · · · ·		
(M	ust end with the wor	ds "Limited Liabil	ity Compa	ny, "L.L.C.," or	"LLC.")		
ARTICLE II - Ad The mailing address		dress of the pr	incipal o	office of the	Limited I	Liability Comp	any is:
Principal Office A	Address:		Maili	ng Address:			
2583 NU BOCA RAT	) Z3RD (	UA) 33431	25 Bo	83 NU CA RAT	) 23°	<u>20</u> Way	
ARTICLE III - R (The Limited Liability Cousiness entity with an en	ompany cannot serv active Florida regist Florida street a	e as its own Regist ration.)	ered Agen	t. You must desig			T
		Name				-8	
	940	WEST.	AVE	, #911		PM 12: 36	FILED
		Florida street add	-	Box NOT acc	eptable)		O
	MIAHI	BEACH	FL	33139	<b>L</b>		
		City, Sta	ite, and Z		<del></del>		
Having been nam liability compa registered agent a	ny at the place (	designated in t	his certij	ficate, I herel	y accept	the appointmen	u as

Registered Agent's Signature (REQUIRED)

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..

(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:

"MGR" = Mana		Name and Address:
MGRM = Ma	naging Member	JUEN SCHERER FOR BOLLE WINTER FOR BOLLE WINTER FOR BOLLE WINTER FOR BOLLE SHORE DRIVE FOR BELLE BEACH FL 3344/PM
MGRM		BISELLE WINTER MO 802 LAKE SHORE DRIVE SO DELRAY BEACH, FL 3344
···		
(Use attachmen	t if necessary)	
CLE V: Effective effective date is li	e date, if other than the isted, the date must blate of filing.)	e date of filing: (OPTIONAL)  ne specific and cannot be more than five business days p
CLE V: Effective effective date is li	e date, if other than the isted, the date must blate of filing.)	e date of filing: (OPTIONAL)  ne specific and cannot be more than five business days p
CLE V: Effective effective date is li	e date, if other than the isted, the date must be date of filing.)  IGNATURE:	pe specific and cannot be more than five business days p
CLE V: Effective effective date is li	e date, if other than the isted, the date must be late of filing.)  IGNATURE:  Signature of a member o	er or an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
CLE V: Effective effective date is li	date, if other than the isted, the date must be date of filing.)  IGNATURE:  Signature of a member of this document constitute the facts stated here.	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)