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Certified Copies	Certificates	of Status
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T. CLINE APR - 7 2010 EXAMINER

SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

COVER LETTER

' TO:

TO: Registration S Division of Co			
SUBJECT: BEAU	<u>1Ti Crete Des</u> Name of Limite	igns By John Had Diability Company	2 Smith III
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspo	ondence concerning this matt	er to the following:	
John	P. Smith =	Name of Person	······································
BEANT	i crete De	Sighs By John	in P. Snith III
1204	Nebraska St	Address	·
Leesbu	City	•	TALL AHIT
		or future annual report notification)	HASS
For further information of	oncerning this matter, please	call:	U F. 1
John P. S	f Person	at (352) 348- Area Code & Daytime Teler	6882 FF ST DO
Enclosed is a check for	the following amount:	_	
□\$125.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Madian Address	S44/C	

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Beauti Crete Designs By John P. Smith III LL-C(Must end with the words "Umited 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 Address:	Mailing Address:
1204 Nebraska St Lecoburg, Fl. 34748	P.D. BOX 491918 Lee Shorg, El. 34749
ARTICLE III - Registered Agent, Registre Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address o	f the registered agent are:

Name

Not acceptable)

Lesburg FL 34748

City. State, and Zip

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

ARTICLE IV- Manager(s) or Man The name and address of each Manager	aging Member(s): ger or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	John P. Smith III. 1204 Nebraska St. Leesburg, Fl. 34748	
· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: 4-1-10 (OPTIONAL) e specific and cannot be more than five business days prior	
REQUIRED SIGNATURE:	2010 TAL	
Signature of a membe	er or an authorized representative of a member.	
	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	
John F	Ped 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)