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SECRETARY OF STATE
AND AMASSEE, FLORID

COVER LETTER

TO: Registration Division of C		. •	
	•		
SUBJECT: Dwell Ir	nterior Consulting LLC.	red Liability Company	
	Name of Limit	ed Elability 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:	·
Debra O. Na	ashbar		
		Name of Person	
Dwell Interio	or Consulting LLC.		
		Firm/Company	
777 N Ashle	y Drive, Suite 806A		
		Address	
Tampa, FL 3	3602		
	Cir	y/State and Zip Code	
debra@dwe	llinteriorconsulting.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Debra O Nashbar		at (813)426-3463	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check f	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
Owell Interior Consulting LLC. (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	von Austrilla (million million
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
777 North Ashley Drive Suite 806A Tampa, FL 33602	PO BOX 173627 Tampa, FL 33672	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an indivi	
Debra O Nashbar		
777 North Ashley D	Name Orive, Suite 806A street address (P.O. Box NOT acceptable)	FILED . 12 PM TARY OF S IASSEE, FL
Tampa	FL 33602	T. L ORII
Having been named as registered agent liability company at the place designategistered agent and agree to act in this statutes relating to the proper and comp	ated in this certificate, I hereby accept th	he appointment as n the provisions of all n familiar with and

(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:

<u>Title:</u>		Name and Address:			
"MGR" = Manager "MGRM" = Manag					
mgr	•	Debra O Nashbar			
		777 N Ashley Drive, Suite 806A Tampa, FL 33602			
	-				

	-				
	•				
(Use attachment if	necessary)				
		te of filing: (pecific and cannot be more than five by	OPTION		rior
or 90 days after the date	•			j = p -	
REQUIRED SIGN	NATURE:		SECRI	10 الا	
Ī	ignature of a member or	r an authorized representative of a member.	HASSEE, F	72	FILED
o	in accordance with section f this document constitute hat the facts stated herein	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)	Y OF STATE SEE, FLORIDA	54:1 Md	,
<u> </u>	Debra O Nashbar				
	ı ypea	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)