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(Requestor's Name)		
(Address)		
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	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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11 JAN 26 PH 4: 48

B. BOSTICK
JAN 2 7 2011
EXAMINER

COVER LETTER

TO:	Registratio Division of	n Section Corporations				
SUR	_{JECT:} CUS	STOM UPHOLSTERY	(
500		Name of Limited L				
The o	enclosed Article	es of Organization and fee(s) are sub	mitted for filing.			
Pleas	e return all corr	respondence concerning this matter to	o the following:			
	Michel	Venne				
			me of Person	A A A A A A A A A A A A A A A A A A A		
	CUSTO	M UPHOLSTERY LI	_C			
		Fir	m/Company			
	611 PH	IIPPEN-WAITERS RD	. SUITE 104			
			Address			
	DANIA B	EACH, FL 33004				
		City/St	ate and Zip Code			
	mike@be	estcustomupholstery.com		P.G.	<u> </u>	_
		E-mail address: (to be used for fi	uture annual report notification)	28	<u></u>	
For f	urther informati	ion concerning this matter, please cal	II:	Partition of the second of the	JAN 26	A
Mic	hel Venne	at	954 515-9554	m _드		j î î
-	Na	me of Person	Area Code & Daytime Telep	phone Number	PH 4:48	
Encl	osed is a checl	k for the following amount:		ATE IRIDA	8 1	
]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is en-	us &	
		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

ART	FICL	EI	- Na	me:

The name of the Limited Liability Company is:

CUSTOM UPHOLSTERY 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 Address:	Mailing Address:	
611 Phippen-Waiters Rd.	611 Phippen-Waiters Rd.	
Suite 104	Suite 104	
Dania Beach, Fl 33004	Dania Beach, Fl 33004	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of MARIO L. CAMIRE 11076 NW 23	E SEE, FLORID CT.	
	reet address (P.O. Box NOT acceptable)	
SUNRISE	_{FL} 33322	
C	ity, 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 Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MICHEL VENNE 611 PHIPPEN-WAITERS RD. SUITE 104 DANIA BEACH, FL 33004
	TABLE COLOR
	SEE. FLORIDA
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)	te date of filing: (OPTIONAL) be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
Signature of a memi	ber or an authorized representative of a member.
(In accordance with section 60	08.408(3), Florida Statutes, the execution of this document

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MICHEL VENNE

Typed 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)