11100016272

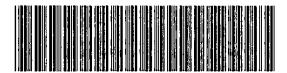
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

FEB - 8 2011

EXAMINER



000193333840

02/07/11--01042--015 **130.00

I FEB-7 PH 1:09
SECRETARY OF STATE
ALLAHASSEF FINALE

COVER LETTER

Division of Corporations	
SUBJECT: Vienna Interiors	
CODUCET	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Dawn C. Wien	
Dawn C. William	Name of Person
Vienna Interiors	
	Firm/Company
1448 Corinthian Avenue	
	Address
Deltona, Florida 32725	
	ty/State and Zip Code
dawn.viennainteriors@gmail.co	m for future annual report notification)
For further information concerning this matter, pleas	•
Dawn C. Wien	200 074 4040
Name of Person	at (386) 871-4818 Area Code & Daytime Telephone Number
	Take code a payvine respirate realist.
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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 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 Com	pany is:	
Vienna Interiors, LLC		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
1448 Corinthian Avenue	1448 Corinthian Avenue	
Deltona, FL 32725	Deltona, FL 32725	
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
The name and the Florida street address)
Dawn C. Wien	Name Name	b, jega
	Name SSR 1	*****
1448 Corinth	nian Avenue 🛱 💆 📆	1
Florida	street address (P.O. Box NOT acceptable)	

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Deltona

(CONTINUED)

WA CODE A COLOR	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Dawn C. Wien, MGR	1448 Corinthian Avenue
	Deltona, FL 32725
 	
(Use attachment if necessary)	
F FO NY TOCCORA! I JAAR 16 Albandhan	AL- 1-4- CSI: (OPTION)
Tective date is listed, the date mus	the date of filing: (OPTION st be specific and cannot be more than five business date of the specific and cannot be more than five business date.
fective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTION st be specific and cannot be more than five business da
fective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTION st be specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date.
fective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTION st be specific and cannot be more than five business date
fective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business da
fective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTION st be specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than five business date to the specific and cannot be more than the specific and cannot be
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of the date must be supported by the date of filing.)	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. aformation submitted in a document to the Department of State
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fee	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of the date must be supported by the date of filing.)	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State alony as provided for in s.817.155, F.S.)
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fee	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)