

**L110000560293**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000056029 3)))



H110000560293ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

FILED  
11 MAR -2 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**heir interior design, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

11 MAR -2 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

MAR 8 2011

**EXAMINER**

H11000056029

ARTICLES OF ORGANIZATION  
OF  
Heir Interior Design, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I  
NAME

The name of this limited liability company is:  
Heir Interior Design, LLC

ARTICLE II  
PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

10235 W Sample Road  
Suite 205  
Coral Springs, FL 33065

ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED  
AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Ingrid Bachelor  
10235 W Sample Road  
Suite 205  
Coral Springs, FL 33065

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.

  
Ingrid Bachelor, Registered Agent

H11000056029

FILED  
11 MAR - 2 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000056029

**ARTICLE IV  
MANAGEMENT**

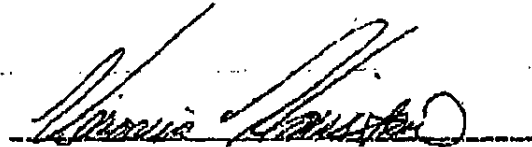
The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as follows:

Veronica Hairston  
600 River Trace  
Westerville, OH 43081

Manager

Michael Hairston  
600 River Trace  
Westerville, OH 43081

Member



Veronica Hairston

Authorized Representative of the Member  
(In accordance with Section 608.408(4), Florida Statutes,  
the execution of this document constitutes an affirmation  
under penalties of perjury that the facts stated herein are  
true.)

**FILED**  
11 MAR -2 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000056029