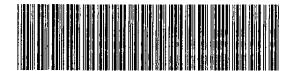
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J. SAULSBERRY EXAMINER APR 4 2011

## **COVER LETTER**

	Registration S Division of Co				
			, the		
SUBJEC	T: <u>Campb</u>	ell Design LLC			
	= = ;	Name of Limited	d Liability Company		
The enclo	in the second se	f Organization and fee(s) are s	ubmitted for filing.		
Please ret	turn all corresp	ondence concerning this matte	r to the following:		
Ar	pril S. Cam	pbell	Name of Person		_
		,	value of reison		
C	ampbell De	esign LLC			_
			Firm/Company	<b></b>	 
8	828 Ventur	a Way		<del>2-1</del>	
			Address	ALL ALL ALL	
Na	ples, FL 34	1109		I MAR 3	
1 100	(pioo, 1 <u>L O 1</u>		State and Zip Code	SSE G	
na	aplesdznr@	mac.com		177 C	rn
		E-mail address: (to be used for	r future annual report notification)	STATE LORID	
For furthe	er information	concerning this matter, please	call:	AN II: 49  F STATE FLORIDA	
April S.	Campbell		at (239) 404-6145		
	Name	of Person	Area Code & Daytime Telep	ohone Number	
Enclosed	l is a check fo	or the following amount:			
\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
,	L J	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	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Campbell Design LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8828 Ventura Way, Naples, FL 34109	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registationsess entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
April S. Campbell	——————————————————————————————————————
Name	ress (P.O. Box NOT acceptable)  ALLAHAR  SECRETAR  ASSERT  SECRETAR  ASSERT  SECRETAR  ASSERT  SECRETAR  ASSERT  ASSER
8828 Ventura Way	ress (P.O. Box NOT acceptable)  FL te, and Zip
Florida street add	ress (P.O. Box NOT acceptable) $\omega = \omega$
Naples, FL 34109	· · · · · · · · · · · · · · · · · · ·
City, Sta	FL To te, and Zip Report To the state of the
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as
	. I further agree to comply with the provisions of all
	formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
De no	
Registered Agent's Signatu	(REQUIRED)

(CONTINUED)

## 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	April S. Campbell 8828 Ventura Way Naples, FL 34109
	SECRITAR 31
	10 3 39 11 FESS 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(Use attachment if necessary)	

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(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.)

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)