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Certified Copies	Certificate	es of Status
Special Instructions to I	Filing Officer:	
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Office Use Only

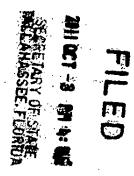
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EXAMINA



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COVER LETTER

	sistration Section ision of Corporations			
SUBJECT:	DecoWorkz			
	Name of Limited Liability Company			
	Articles of Organization and fee(s) are submitted for filing.			
Please return	all correspondence concerning this matter to the following:			
<u>Ka</u>	ren S. Meisel			
	Name of Person			
De	coWorkz			
	Firm/Company			
408	85 Hancock Bridge Pkwy., Suite 111-106	圣机	3	
	Address	2	R	,
N. F	t. Myers, FL 33903	\$ ≥	⊶ ,}:	
	City/State and Zip Code	HS.	##P	
kare	ensm@decoworkz.com	7		
	E-mail address: (to be used for future annual report notification)	ORA M	જ ##	394
For further in	nformation concerning this matter, please call:			٠.
Karen S.	Meisel at (239) 772-1373			
	Name of Person Area Code & Daytime Telephone Number	_		
Enclosed is	a check for the following amount:			
	rig Fee \$\sum \\$130.00 \text{ Filing Fee & } \text{\$\sum \\$\$155.00 \text{ Filing Fee & } \text{\$\sum \\$\$\$ Certificate of Status } \text{Certified Copy } \text{Certified Copy } \text{Certified Copy } \text{Certified Copy } \text{(additional copy is enclosed)} \text{\$\text{Certified Copy } (addition	Status &)	
	Mailing Address Street/Courier Address Registration Section Registration Section			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DecoWorkz, LLC.		
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability Compa	ny is:
The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Compa Mailing Address:	ny is:
	Mailing Address:	ny is:
Principal Office Address:		ny is:

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

Karen S. Meisel

Name

2201 SE 8th Street

Florida street address (P.O. Box NOT acceptable)

Cape Coral

_{FL} 33990

City, 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:

MGR	Karen S. Meisel	S. S. S.
	2201 SE 8th Street	
	Cape Coral, FL 33990	29
MGRM	Greg V. Meisel	
	2201 SE 8th Street	<u> </u>
	Cape Coral, FL 33990	"
(Use attachment if necessary)		
LE V: Effective date, if other than	the date of filing: at be specific and cannot be more tha	(OPTIONAL)
days after the date of filing.)	st be specific and cannot be more tha	iii iive vusiness aays [

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.)

Karen S. Meisel

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)