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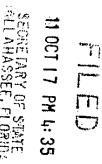
(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bi	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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J. BRYAN

OCT 18 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	_{IECT:} vinylstickersdeca	s, LLC.
		Limited Liability Company
The e	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	e return all correspondence concerning thi	s matter to the following:
	Anette Liene Hakans	
		Name of Person
	vinylstickersdecals,	LLC. 第基 っ 「
	<u> </u>	Firm/Company
	325 N.E 2nd Avenue	e, Ste 204
		Address
	Delray Beach, Florida 3344	4
		City/State and Zip Code
	sales@studioalfe.com	used for future annual report notification)
For fu	erther information concerning this matter,	•
Ane	tte Liene Hakansson	at (561) 322-6847
	Name of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amou	nt:
\$125.0	0 Filing Fee \$130.00 Filing Fee Certificate of Statu	
	Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:		
vinylstickersdecals, LLC			
ARTICLE II - Address: The mailing address and street address of the	ciability Company, "L.L.C.," or "LLC.") e principal office of the Limited Lia	ibility Compar	ny is:
Principal Office Address:	Mailing Address:		
325 N.E 2nd Avenue, Ste 204 Delray Beach, Fl 33444	325 N.E 2nd Avenue Delray Beach, FI 33444		
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Anette Liene Hakar Na 325 N.E 2nd Av	egistered Agent. You must designate an individ he registered agent are: NSSON me		
	t address (P.O. Box NOT acceptable)	(DB) 4: 3	نب
Delray Beach	FL 33444	mrt G	ı
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process for the a in this certificate, I hereby accept the acity. I further agree to comply with the performance of my duties, and I amb agistered agent as provided for in Ch	e <mark>appointment</mark> t he provisions t familiar with	as of all and:

(CONTINUED)

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Anette Liene Hakansson
	325 N.E 2nd Avenue, Ste 204
	Delray Beach, FL 33444
MGRM	Lars Hakansson
	325 N.E 2nd Avenue, ste 204
	Delray Beach, FL 33444
	三 公
	S S S
	Section 1
	EFF STATE
(Use attachment if necessary)	
SI E V. F.C	day of file at
LE V: Enecuve date, n omer man i	ne date of filing: (OPTIONAl be specific and cannot be more than five business days

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.)

lette Liene Hakansson

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)