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PICK-UP WAIT MAIL			
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EXAMINER

COVER LETTER

•	. TO: Registration Section Division of Corporations		
	SUBJECT: 2+Hue	Designs LC Name of Limited Liability Company	
	The enclosed Articles of Organization	on and fee(s) are submitted for filing.	
	Please return all correspondence con	ncerning this matter to the following:	
	So	Vah Kelly Name of Person	
		2 + Hue Designs	_
		Firm/Company	
1203 Jayhil Drive			
	}	Minneola, FL 34715	
	E-mail add	City/State and Zip Code O 1 4 Kelly S O Vahoo. Comparing the distribution of the control of the	= T
	For further information concerning the	his matter, please call:	
	Sarah Keul Name of Person	at (352) 243-5157 Area Code & Daytime Telephone Number	
	Enclosed is a check for the follow	ving amount:	
V	\$125.00 Filing Fee \$130.00 F Certifica	Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, atte of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
		on Section Registration Section of Corporations Division of Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
2 + Hue Designs (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1203 Jayhil Drive. Minneola, FL 34715	Same
ARTICLE III - Registered Agent, Registered Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the region Name 203 While Florida street address of the region Name	gistered agent are: Or Je ess (P.O. Box NOT acceptable) FL 34715
Chy, Dunc	,

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

Sarah Kelly

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)