Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

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Account Number : 104662003400

Phone

Fax Number

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

FLORIDA LIMITED LIABILITY CO. Firebrands Design Group LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Paga Count | 02 |
| Estimated Charge | \$130.00 |

B. BOSTICK

OCT 1 6 2012

EXAMINER

H12000249257

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Firebrands Design Group LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | | Mailing Address: | | |
|-------------------------------------|------------------------------|-----------------------------------|---------|----|
| 4959 SW Lake Grove Circle | · | 4959 SW Lake Grove Circle | | |
| Palm City, FL 34990 | | Palm City, FL 34990 | | - |
| | · | | | |
| | | ce & Registered Agent's Signature | \$ S O | |
| The name and Florida street address | of the registered agent are: | 1 | 3 | 23 |
| | Russell Halsted | | 55 | |
| | | Name | Film 22 | 77 |
| | 4959 SW Lake Gro | ve Circle | | C |
| • | | Mail Drop Box NOT Acceptable) | S: 3 | |
| | Palm City, FL 3499 | 0 | ST F | |
| | | ity / State / 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 reading to the proper and complete performance of my duties, and I am familiar with and accept my obligation of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature - Russell Halston

| 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: | |
| MGRM | Russell Halsted - 4959 SW Lake Grove Circle, Palm City, FL 34990 | |
| (Use attachment if necessary) REQUIRED SIGNATURE: | 0.1101 | |
| Signati | re of a member or authorized representative of a member. | |
| document | dunce with section 608.408(3), Florida Statutes, the execution of this constitutes an affirmation under the penalties of perjury that the facts ein are true.) | |
| | Russell Haisted | |
| | Typed or printed name of signee | |
| | | |