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TALLAHASSES FLORID

J. Stavers MAR 1 1 2014

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: <u>DESIGN REVOLUTION USA, LI</u> Name of Li	_C mited Liability Company	<u>. </u>
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	,
Please	return all correspondence concerning this r	natter to the following:	
	RITA SCAIA	Name of Person	
	DESIGN REVOLUTION USA, LLC	Firm/Company	
	3217 WEST SAN JUAN STREET	Address	
	TAMPA, FL 33629	City/State and Zip Code	
_ra	scaia@yahoo.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
KEVII	Name of Person at (813) 259-0001 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
\$125.0	00 Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:								
DESIGN REVOLUTION USA, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")								
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company	is:						
Principal Office Address:	Mailing Address:							
3217 WEST SAN JUAN STREET TAMPA, FL 33629	3217 WEST SAN JUAN STREET TAMPA. FL 33629							
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate	an individu	ıal or					
The name and the Florida street address of the registered ag	gent are:		14					
RITA SCAIA			225 220					
Name		25	5	, -				
3217 WEST SAN JUAN STREE		1117. (317.	-177					
Florida street address (P.O. Box N	OT acceptable)	11		•				
TAMPA	FL 33629	₽5.	* *					
City	Zip) E	25					
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblige Chapter Registered Agent's Signature.	he appointment as registered agent an all statutes relating to the proper and ations of my position as registered ag 605, F.S	nd agree to complete p	act in t erform	this iance				

(CONTINUED)

Page 1 of 2

AMBR CHRISTOPHER SCAIA 3217 WEST SAN JUAN STREET TAMPA, FL 33629 CHRISTOPHER SCAIA 3217 WEST SAN JUAN STREET TAMPA, FL 33629 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are frue: 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.) RITA SCAIA Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u>Title:</u> "AMBR" = Authorized "MGR" = Manager		Name and Address:		
AMBR CHRISTOPHER SCAIA 3217 WEST SAN JUAN STREET TAMPA, FL 33629 CHRISTOPHER SCAIA 3217 WEST SAN JUAN STREET TAMPA, FL 33629 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: offective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are frue: 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.) RITA SCAIA Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			DITA CCAIA		
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(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	AMBR		CHRISTOPHER SCAIA		
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