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J. SERVERS APR 1 6 2014

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Designs By Roz L.L.C. Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Rosalind Moultry-Howard Name of Person
	Designs By Roz L.L.C. Firm/Company
	8989 N. W. 41 Street Address
	Holly wood, FL 33024 City/State and Zip Code
	City/State and Zip Code Moultry howard of yahoo. Com E-mail address: (to be used for future annual report notification)
For furtl	ner information concerning this matter, please call:
Rosali	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
□\$125.0	O Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Designs By Roz, L.L.C (Must lend with the words "Limited	
(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 of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8989 N.W. 41 Street Hollywood, FL 33024	8999 N.W. 41 Street Hollywood, FL 33024
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)	
	· ·
The name and the Florida street address of the registered Rosaling Moule Name 8989 N.W. 41	
Florida street address (P.O. Box	INTIL acceptantes
Holly wood	FL 3302 Y
City	FL 33024 FLORIDE 23
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obj	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S

(CONTINUED)
Page 1 of 2

The name and address of each person author	orized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	0 , , , , , , , , , , ,
"MGR" = Manager MG L	Rosalind Moultry-Howard
	8989 N.W. 41 Still
	Holly Wood, FL 33024
	,
	<u> </u>

If an effective date is listed, the date must be speci	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days af
ARTICLE V: Effective date, if other than the date of If an effective date is listed, the date must be specified date of filing.)	
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