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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Marren	De Si C Name of Limite	NS Liability Company	LC	
The enclosed Articles of Organizati	on and fee(s) are s	ubmitted for filing.		
Please return all correspondence co	ncerning this matte	er to the following:		
<i>G</i> ri	n No	rren		
		Name of Person		
Warrer	1 Design	ns Ll	<u>C</u>	
1.10		firm/Company		
<u>6405</u>	utlan	Address		
Yero Erinwarrej	n(a) bel	FI. 32 State and Zip Code SOUTH NE	966 H	
For further information concerning		·		,
Erin Warre Name of Person	at (7 A		me Telepho	3 one Number
Enclosed is a check for the following	g amount:			
□ \$125.00 Filing Fee \$130.00 Certification	te of Status	\$155.00 Filing Fee & Certified Copy additional copy is encl	osed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy Editional copy is enclosed)
Mailing Address Registration Section		Street/Courie		

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
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:	
Warren Designs (Must end with the words "Limited	LLC d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6405 Atlantic Blvd Vero Beach Fl 3291e6	10405 Attantic Blvd Verb Brach, Fl. 329164
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered En'n Number Name	en
Florida street address (P.O. Bo	x NOT acceptable)
Vero Beach	FL 32966
the place designated in this certificate, I hereby acceptance capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the of Chap Registered Agent's Signature.	MAR
(CONTINU	JED)
Page I of	the state of the s

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Enn Warren 16405 Atlantic Blvd. Vero Beach, Fl. 3191616
(Use attachment if necessary) CLE V: Effective date, if other than the date of the date is listed, the date must be	ate of filing: March 8, 2015 (OPTIONAL)
CLE V: Effective date, if other than the da	nte of filing: March 8, 2015. (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date effective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE. Signature of a recovery content of the second content of th	specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the date effective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE. Signature of a r (In accordance with section constitutes an affirmation un I am aware that any false inf	specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date effective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE. Signature of a r (In accordance with section constitutes an affirmation un I am aware that any false inf	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State.