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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
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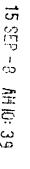
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sally Eckman Roberts Designs, L.L.C. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sally Eckman Roberts \$ Name of Person
Sally Eckman Roberts Designs Firm/Company
532 NW Pinesap Place
Jensen Beach, FL 34957
Densen Beach, FL 34957 City/State and Zip Code paint pears @ aol. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sally Eckman Roberts (317) 590 · 6687 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\) Certificate of Status \$\) Certificate of Status \$\) (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	mited Liability Company is:
	Sally Eckman Roberts Designs, L.L.C
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ac	dress:

Mailing Address:

Zip

ARTICLE I - Name:

(The

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Principal Office Address:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Sally Eckman Roberts
Name
532 NWPINSAP Place
Florida street address (P.O. Box NOT acceptable)
- OMEON BOACH IN 34957

City

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 605, F.S..

State

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>'itle:</u>	Name and Address:
MBR" = Authorized Member GR" = Manager	
AMBR	Dally tekman Koberts
	Jensen Blach # L. 3495
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