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16 MAY 25 AM 9: 05

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Design Studio 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:
Kenneth Gaynor Name of Person
G7 Design Studio
12091 SW 250th Terr.
Home stead F1 33032 City/State and Zip Code MTK gay not @ aol. com , Wguillaume 78 @ hot mail. con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenneth Gaynor at (786) 443-0144 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations

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

A	RT	ICL	E I	- Na	ame:
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The name of the Limited Liability Company is:

G7 Design Studio 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 of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
12091 SW 250th terr.	12091 SW 250th terr
Homestend, Fl 33032	Homestead, Fl 33032

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

(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:

Wilso	on (uillaume	
	Name	-	
18831	NW	11 AUE.	
Florida street address	(P.O. Box 1	NOT acceptable)	
Miami	FL	33169	
City	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 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 HAY 25 AM 9:05

Citle: AMBR" = Authorized Member MGR" = Manager	Name and Address:
AMBR	Wilson Guillaume 18821 NW 11 AVE
AMBR	Kenneth Caynor 12091 SW 250th terr
Mar	Milton Howell 110 Sw 28 AUE Hollywood El 33020
ctive date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dat tive date is listed, the date must be sp filing.) he date inserted in this block does not ent's effective date on the Department	e of filing:
V: Effective date, if other than the dat tive date is listed, the date must be spaining.) ne date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any.	e of filing:
V: Effective date, if other than the date trive date is listed, the date must be specifiling.) the date inserted in this block does not cent's effective date on the Department. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a man This document is exect 1 am aware that any false.	meet the applicable statutory filing requirements, this date will not to of State's records. The most of state in a authorized representative of a member and authorized representative of a member. The most of state in accordance with section 605.0203 (1) (b), Florida Statutes are information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
V: Effective date, if other than the date stive date is listed, the date must be specifiling.) The date inserted in this block does not ent's effective date on the Department of the Department	meet the applicable statutory filing requirements, this date will not to of State's records. Member or an authorized representative of a member, atted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State.