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A P

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INTERIOR MC Name of L	otives & Assoc. LLC imited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this r	
Judith Jo	Name of Person
	Name of Ferron
	Firm/Company
1133 BAL HA	rbor Blud, Suite 1139-177 Address
Punta Gorda,	Fi. 33950 City/State and Zip Code of tives Egmail. Com ed for future annual report notification)
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, plea	ise call:
Judy Johnson at (970) 222 - 8691 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	.E I -	Name:
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The name of the Limited Liability Company is:

INTERIOR MOTIVES & ASSOC. L

(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:

3325	Brentwo	od CT.
Punt	a Gorda	y FL.
, •		33950

Principal Office Address:

1133 1	3AL	HAr	bor	BIVd. 33950
SUITE	1139	- 177	7	
Punta	Gor	da.	FL.	33950

Mailing Address:

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:

Judith Johnson

Name

325 Brentwood C7

rida street address (P.O. Box NOT acceptable)

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..

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
no C	Judith A Johnson
	3325 Brentwood CT.
	PUNTA GOLDA, FL. 33950
ANG 0 0	
AMBR	311as G. Johnson TI
	3325 Brentwood CT. Punta Gorda, FL. 3395
	Punch gorda, FD. 5515
ective date is listed, the date must of filing.)	e date of filing:
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ARTICLE IV-