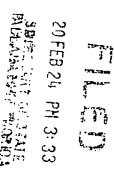


(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<u> </u>		





03/24/20--01038--014 **125.00



COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJI	Selburg Art Studios LLC	
3000		ame of Limited Liability Company
The en	closed Articles of Organization an	nd fee(s) are submitted for filing.
Please	return all correspondence concern	ning this matter to the following:
	Franklin S. Mitvalsky	
	·	Name of Person
	Califf & Harper, P.C.	
		Firm/Company
	506 15th Street, Ste. 600	
		Address
	Moline, Illinois 61265	
		City/State and Zip Code
	fmitvalsky@califf.com	
	E-mail address: ((to be used for future annual report notification)
For furth	ner information concerning this ma	atter, please call:
	Franklin S. Mitvalsky	309 764-8300 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclas	sed is a check for the following am	DAUM!
	•	ling Fee & S155.00 Filing Fee & S160.00 Filing Fee. f Status Certified Copy Certificate of Status & Certified Copy
		(additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporation	New Filing Section ons Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Selbi	urg Art Studios LLC	
	(Must conatin the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Addr	ess:	
والمراجع والمسترا المسترا فالمتارك والمستراء والمتارك وال	1	
ne maning address a	and street address of the principal office	of the Limited Liability Company is:
ne maning adoress a	Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address</u>
ae maning adoress a 2422 Wils	Principal Office Address:	, ,

The name and the Florida street address of the registered agent are:

John Selburg		
	Name	
2422 Wilson Street		
Florida street addres	s (P.O. Box <u>SOT</u> ac	cceptable)
Hollywood, FL 3302	0	
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 603, F.S..

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGRM	John Selburg
	2422 Wilson Street Hollywood, FL 33020
	Hollywood, FL 55020
MGRM	Ashlee Selburg 2422 Wilson Street
	Hollywood, FL 33020
(Use attachment if necessary)	
(Che dimentina in necessitaly)	
the document's effective date on the Depar	es not meet the applicable statutory filing requirements, this date will not be listed as rtment of State's records.
ARTICLE VI: Other provisions, if any.	
	
REQUIRED SIGNATURE:	
	film elter
Signature	of a member or an authorized representative of a member.
This document is	executed in accordance with section 605.0203 (1) (b). Florida Statutes. ny false information submitted in a document to the Department of State
	degree felony as provided for in s.847.155, F.S.
John	Selburg
	Typed or printed name of signee
	Filing Fees:
\$125.00 Filing Fee for Articles	of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Option	
S 5.00 Certificate of Status (Optional)