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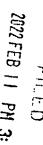
COVERLETTER

TO: New Filing Section Division of Corporations
SUBJECT: High STAN MIRD INTORIORS LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Scott Golozewski Name of Person
Name of Person
High Standillo Interioris, LLC.
5940 110 th AVENUE North
Address
PINELLAS PARK, FL. 33782_ City State and Zip Code
City State and Zip Code
E-mail address: (to be used for future annual report notification)
E-man address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Golczewik: at (727) 243-6428 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) □\$125.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	EI-	Name:
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The name of the Limited Liability Company is:

HIGH STANDARD INTERIORS LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "ELC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
5940 110 AVENUE North	5940 11018 AVENUE NORTH

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:

Scott Gol	czewski	
	Name	
5940 110th	AVENUE No	okti.
Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)
PINELLAS PS	ick, FL.	33782
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)

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ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
"MGR" = Manager	
	•
AMBR	PHENTINE PENCEWOK.
	CHRISTINE GOLCZEWSK. 5440 1100 ARENJE NICH
	PINUTAS PARK FL 33732
	, , ,
	·
(Use attachment if necessary)	
ICLE V: Effective date, if other than the dat	te of filing
ICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	lereurste.
	legersh.
Signature of a r This document is exec	number or an authorized representative of a member, tuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a ri This document is exec I am aware that any fal	nember or an authorized representative of a member, cuted in accordance with section 605,0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State
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