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Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: CLASS BUSINESS STRUCTURES LLL 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:
Kemf Ann Noarrell & Flora Russell
Mame of Person
Firm/Company
1850 Sella Nake Und 428
1.0010.00
Les City/State and Zip Code Class Chancing and decorating Q gol. com E-mail address: (to be used for future annual report natification)
City/State and Zip Code
Classeaucidant decorating & got com
E-mail address: (to be used for inture annual report in interaction)
For further information concerning this matter, please call:
Kein Am Mainett at (407) 280 - 7477 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 & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain 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:
1850 Stella Lane Unit 428	1850 Stell Lane Unit 425
Fort Walton Beach	Tool Watton Beach
HONGA 32548	Horida 32548

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:

Name

1850 Stella Vare Unit 428

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

Fort hat Beach #4 32548

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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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager " LIGR"	Vanal And Marcott
PIGE	1650/Stevia Jase Upt 428
V	- 1) m
"Mar"	Thona Kussell
	For worth Beach Florida 32548
(Hee attachment if necessary)	
(Use attachment if necessary)	$g/_{17}/_{222}$
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ARTICLE V: Effective date, if other than (If an effective date is listed, the date muthe date of filing.) Note: If the date inserted in this block do the document's effective date on the Dep ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	nes not meet the applicable statutory filing requirements, this date will not be listed as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

ERRY-ANN MARRETT

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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