L95000000000

January 17, 1995

Dept of State
District of Cognitions
POBOL 10327
Trallahasses Fl. 32314

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To Whom I may concern:

Enclosed to my application for a L.L. C. titled
Rags to Riches Interiors, L.C.

My name is: Define y Vidmar 15605 Jecuho De Odesca F7 33556

213 - 920 -6395

SB 1/25/94

a chick for 11285 is enclosed. Thank you.

Sincerely ,

De Univy Vidina &

FILED 1995 JAN 20 PH 12: 30 Salah TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
1995 JAN 20 PH 12: 30
TALLAHAMSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rags to Riches Interiors L.C.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company

P.O. Box 672 Oderson, T.L. 33956 MAZ Odern, Al 33056

ARTICLE III - Duration:
The period of duration for the Limited Liability Company shall be:

perpetial

ARTICLE IV - Management: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

D. Anna J. Warner 1860 To State Cox

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. Th	c name of the limited liability company is:	
	Rays_16 Riches Interiors, 100	
2. The n	ame and address of the registered agent and office is:	
	John M. Vidmar	
	15605 Je Richo DR. (P.O. Box ngl ecceptable)	图如
	Odessa Fla 33556	FILEL July 20 F
٠	(Cityralator, Eq.)	FILED 1995 JAH 20 PH 12: 30 TALLAHASSEE, FLORIDA

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.

(Signature) (Date)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of
Royanda Kroken Traterior, L.C. deposes and says:
1) the above named limited liability company has at least two me. ibers
2) the total amount of cash contributed by the member(s) is \$ 1.000.00.
3) if any, the agreed value of property other than cash contributed by member(s) is \$ A description of the property is attached and made a part hereto.
4) the total emount of cash or property enticipated to be contributed by member(s) is \$ \$ \(\coo \coo \coo \coo \coo \coo \coo \
Signature of a member or allthorized representative of a member. (In accordance with section 608.408(1), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra II Morbium Secretary of State DIVISION OF CORPORATIONS

LORENTALY OF STATE TOTAL ANASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 238.75 Name and Making Address of Limited Limbility Company **DOCUMENT** #L9500000069 RAGS TO RICHES INTERIORS, L.C. 16. Principal Place of Business Address P.O. BOX 672 15605 JERICHO DRIVE ODESSA FL 33556-0672 ODESSA FL 33556 if allows making address is an orrect at any way. The through incorrect information and entar correction in Discs 2a 2 Principal Place of Business 2n. Mailing Address 3. Date Organized or Qualified | 3s. State of Formation 5605 Jericho 01/20/1995 Suite, Apl. #, etc. FL 4. l'El Numbor Applied For City & Stale City & Sinte Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 3355 le SS 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent VIDMAR, JOHN M 15605 JERICHO DRIVE Street Address (P.O. Box Number Is Not Acceptable) DDESSA FL 33556 Suite, Apt. V. elc. Zip Code 9. Pursuant to the provisions of Sections 608 416 and 608 508. Ferrida Statutes, the above named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change way authorized by affyrmative vote of a majority of the members. I hereby accept the appointment ns registered agent and record the obligations SIGNATURE TO DATE 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MEM VIDMAR, DEANNE Y 5605 JERICHO DRIVE DDESSA FL \$10000017590775 -04/23/96--01103--002 ****238.75

11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3) (k). Florida Statutes I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited hability company or the receiver or fitstee empowered to execute this report as required by Chapter 608. Florida Statutes, and that my name appears in Block 10, or of an attachment with an address

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