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Girard Designs
420 Seventh Street, NW #1108
Washington, DC 20004-2216
Tel 202.783.2114
Fax 202.783.2117
Email CEGirard@aol.com

October 9, 1999

Registration Section
Division of Corporations
409 East Gaines Street
Post Office Box 6327
Tallahassee, FL 32399

Dear Sir/Madam:

Per your request, please find above a name, address and daytime phone number that is appropriate until October 26, 1999.

After that date the applicable name, address and daytime phone number is:

Cathryn C. Girard
Girard Designs
4337 Oak View Drive
Sarasota, FL 34232

Tel. (941) 371-0532

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****130.00 ****130.00

 **PLEASE MAIL THE LETTER OF ACKNOWLEDGMENT AND CERTIFIED COPY TO THE SARASOTA, FLORIDA ADDRESS.**

Thank you.

Sincerely,



Cathryn C. Girard

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Girard Designs, L.L.C.

ARTICLE II - Address:

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

4337 Oak View Drive
Sarasota, Florida 34232

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Cathryn C. Girard
Name
4337 Oak View Drive
Florida street address (P.O. Box **NOT** acceptable)
Sarasota FL 34232
City, State, and 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 608, F.S.

Cathryn C. Girard
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Article V - The effective date is October 15, 1999

(An additional article must be added if an effective date is requested)

Cathryn C. Girard
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CATHRYN C. GIRARD

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)