



L02000002918

ACCOUNT NO. : 072100000032

REFERENCE : 392687 156480A

AUTHORIZATION :

Patricia Piquero

COST LIMIT : \$ 125.00

ORDER DATE : February 6, 2002

ORDER TIME : 2:23 PM

ORDER NO. : 392687-005

CUSTOMER NO: 156480A

500004884495--0

CUSTOMER: Ms. Kim Hendershot
Roberts, Seward & Company

Suite 202
505 E. Jackson Street
Tampa, FL 33602

DOMESTIC FILING

NAME: PERFECT STIX, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

NP
2-7-02

APPROVED AND FILED
02 FEB -6 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 FEB -6 PM 4:38

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERFECT STIX, LLC

ARTICLE II - Address:

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

4840 HERON POINT DR. APT # 918
TAMPA, FL 33616

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

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

JAMES EVAN HIGDON III

Name

4840 HERON POINT DR. APT # 918

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

TAMPA FL 33616

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.

By: James Higdon III

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.

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

James Higdon III

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.)

JAMES EVANS HIGDON III

Typed or printed name of signee

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)

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
02 FEB -6 AM 8:37
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