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10/28/20--01010--014 **160.00



Darrick Thompson 11/09/2020

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Sew Totally Me, LLC Name of Limited Liability Company
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:
Jessica J Dryden Name of Person
Name of Person
Sew Totally Me Firm/Company
Firm/Company
227 Savannah Preserve Logo Address
Sent of all y me creations @ gmail. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Dyden at (813) 843-9647 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 & Certificate of Status & Certified Copy (additional copy is enclosed) □\$125.00 Filing Fee & □\$155.00 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

The name of the Limited Liability Company is:	
Sew Totally Me, LLC	W. I. C. W. and I. C. W.
(Must contain the words "Limited Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:
227 Savannah Preserve Loop Dovemport, FL 33837	Davenport, FL 33837
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)	Agent's Signature: gent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
Jessica J Dry Name	
Florida street address (P.O. Box N	
Swenport FL City State	33837 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	1		
AMBR	JAMES DRYDEN 227 SAVANNAN PRESERVE LOOP DAVE WE TRAT FOR 33837		
	ANEMPORET, FL 33837		
100, 2, 2			
AMBR	JESSICA DRYDEN	27220	
	JESSICA DRYDEN 227 SAVANJAN PRESERVE LI DAVENPORT, FL. 33837		
	44-14-14-14-14-14-14-14-14-14-14-14-14-1		
			
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he date of filing.)	specific and cannot be more than five business days prior to or t meet the applicable statutory filing requirements, this date will nt of State's records.		
ARTICLE VI: Other provisions, if any.			_
			- -
REQUIRED SIGNATURE:		2¢	
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	- Mylin	-!	<u> </u>
This document is exec	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statute	CC. 95	
I am aware that any fa	lse information submitted in a document to the Department of Staree felony as provided for in s.817.155, F.S.	ite 📜	
JESSICA	Typed or printed name of signee		
	ryped or printed name or signee		

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)