1000021261

### JAMES C. HINCKLEY

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MAITLAND, FLORIDA 32751-7252

BOARD CERTIFIED: WILLS, TRUSTS & ESTATES

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December 3, 2001

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

M.J.

000004<sup>705800---3</sup> -12/05/01--01032--006 \*\*\*\*155.00 \*\*\*\*155.00

ADMITTED IN FLORIDA

AND NEW YORK

Re: Periwinkle Designs, LLC

Dear Sirs:

I enclose the Articles of Incorporation for this LLC and a check in the amount of \$155.00.

Please file and send me a certified copy.

Very truly yours,

amer James C. Hinckley Ē

JCH/wpf Encl.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

### Periwinkle Designs, LLC

#### **ARTICLE II - Address:**

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

258 Southhall Lane, Suite 300, Maitland, FL 32751

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

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

James C. Hinckley

Name

258 Southhall Lane, Suite 300

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

<u>Maitland</u> <u>FL 32751</u> 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.

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)

Signature of a member or an authorized representative of a member.

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

Janet D. Berry

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)

E E O

\$ 5.00 Certificate of Status (Optional)