

L03000041118

Ann Goemba Shodglen
(Requestor's Name)

1400 Village Square Blvd
(Address)

3-247
(Address)

Tallahassee, FL 32312
(City/State/Zip/Phone #)

904/893-8247



PICK-UP



WAIT



MAIL

The Twisted Stitcher, LLC
(Business Entity Name)

(Document Number)

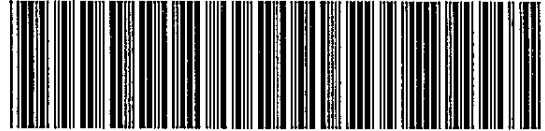
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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

03 OCT 27 AM 10:06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 27 AM 10:11

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Twisted Stitcher, LLC
(Name of Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 27 AM 10:11

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Goembel Shockley
(Name of Person)

The Twisted Stitcher, LLC
(Firm/Company)

1400 Village Square Blvd #3-247
(Address)

Tallahassee, FL 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

Ann Shockley at 850, 893-8211
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
03 OCT 27 AM 10:11

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Twisted Stitcher, LLC

ARTICLE II - Address:

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

Principal Office Address:

2340 Limerick Dr
Tallahassee, FL 32309

Mailing Address:

1400 Village Square Blvd
#3-247
Tallahassee, FL 32312

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

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

Ann Goembel Shockley
Name

2340 Limerick Dr
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FLORIDA 32309
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, Florida Statutes..

Ann Goembel Shockley
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Ann Goembael Shockley
2340 Linwood Dr
Tallahassee, FL 32309

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 27 AM 10:12

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Ann Goembael Shockley

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.)

Ann Goembael Shockley

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)