

LO3 000047502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

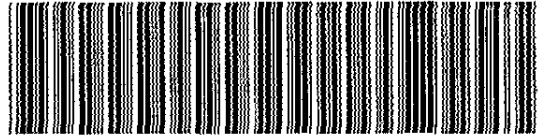
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100024072851

11/07/03--01036--004 \*\*125.00

FILED

03 NOV 24 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO3-47502  
*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 14, 2003

CINDY SIGMON  
1024 ALTOONA AVENUE  
SPRING HILL, FL 34609

SUBJECT: ROSEBUD TATTOO APPAREL ART - CUSTOM EMBROIDERY  
Ref. Number: W03000033826

We have received your document for ROSEBUD TATTOO APPAREL ART - CUSTOM EMBROIDERY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 103A0006195

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 NOV 26 AM 10:56

FILED

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rosebud Tattoo Apparel Art  
(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:

Cindy A. Sigman  
(Name of Person)

Rosebud Tattoo Apparel Art  
(Firm/Company)

1024 Altona Avenue  
(Address)

Spring Hill FL 34609  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy A. Sigman at (352) 584-2041  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 NOV 24 AM 10:56

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Rosebud Tattoo Apparel Art - Custom Embroidery, Ltd.

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

1024 Altoona Avenue  
Spring Hill, FL 34609

same

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

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

Cindy A. Sigmon  
Name

1024 Altoona Avenue  
Florida street address (P.O. Box **NOT** acceptable)

Spring Hill FL 34609  
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.

Cindy A. Sigmon  
Registered Agent's Signature

03 NOV 21 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(CONTINUED)

**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

Cindy A. Sigmon  
1024 Altonia Avenue  
Spring Hill, FL 34609

MGRM

Jean Alison Sigmon  
1024 Altonia Avenue  
Spring Hill, FL 34609

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Cindy A. Sigmon*  
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.)

Cindy A. Sigmon  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 NOV 24 AM 10: 56

FILED