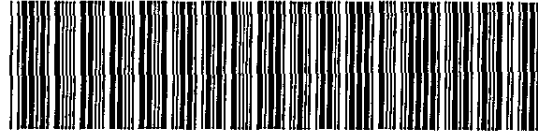


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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02/16/04--01034--013 \*\*130.00

(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:

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TRANSMITTAL LETTER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO: Registration Section  
Division of Corporations

SUBJECT: ARTISTIC STRANDS, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company  
and a check for:

☐ \$125.00  
Filing fee & Designation  
of Registered Agent

☒ \$130.00  
Filing Fee, Designation of  
Registered Agent, &  
Certificate of Status

☐ \$160.00  
Filing Fee, Designation  
of Registered Agent,  
Certified Copy, &  
Certificate of Status

Please return all correspondence concerning this matter to the following:

SHANNON NICOLIS  
663 SAN PABLO AVENUE  
CASSELBERRY, FL 32707

For Further information concerning this matter, please call: SHANNON  
NICOLIS at 407-740-6514.

**Street Address:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION  
OF  
ARTISTIC STRANDS, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: ARTISTIC STRANDS, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 663 SAN PABLO AVENUE, CASSELBERRY, FL 32707.

ARTICLE III - REGISTERED AGENT

The registered agent of this corporation shall be:

NAME

ADDRESS

SHANNON NICOLIS

663 SAN PABLO AVENUE  
CASSELBERRY, FL 32707

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.

  
SHANNON NICOLIS

ARTICLE IV - MANAGEMENT

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

<u>Title:</u>	<u>Name and Address:</u>
President:	SHANNON NICOLIS 663 SAN PABLO AVENUE CASSELBERRY, FL 32707
Secretary:	SHANNON NICOLIS 663 SAN PABLO AVENUE CASSELBERRY, FL 32707
Treasurer:	SHANNON NICOLIS 663 SAN PABLO AVENUE CASSELBERRY, FL 32707

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TALLAHASSEE, FLORIDA

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be 2-12, 2004.

Shannon Nicolis  
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.)

Shannon Nicolis  
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)

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 12 day of February, 2004.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Shannon Nicolis  
SHANNON NICOLIS

STATE OF FLORIDA     )  
                                  )  
COUNTY OF SEMINOLE    )

The foregoing instrument was acknowledged before me this 12 day of February, 2004, by SHANNON NICOLIS, who is personally known to me or who has produced driver's license as identification and who did take an oath.



Kelly Kirkpatrick  
Notary Public, State of Florida  
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

Shannon Nicolis  
SHANNON NICOLIS

DATE: 02-12-2004