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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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*"Corps" all per belt
- Not used as with
7/20/04*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUL 20 PM 12:42

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*W04-53659
GR*



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 14, 2004

JAMES SWEENEY
7524 NEEDLE LEAF PLACE, SUITE D
TAMPA, FL 33617

SUBJECT: CRAFT CORPS LTD.
Ref. Number: W04000026929

We have received your document for CRAFT CORPS LTD. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPS OR LTD.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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: 504A00044883

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUL 20 PM 12:42

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Craft Corps Ltd.
(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:

James Sweeney
(Name of Person)

(Firm/Company)

7524 Needle Leaf Place, Suite D,
(Address)

Tampa Fl. 33617
(City/State and Zip Code)

For further information concerning this matter, please call:

James Sweeney at (813) 505-1357
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUL 20 PM 12:42

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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

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Craft Corps L.L.C.
(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:

James Sweeney
(Name of Person)

(Firm/Company)

7524 Needle Leaf Place
(Address)

Tampa Fl. 33617
(City/State and Zip Code)

For further information concerning this matter, please call.

James Sweeney at (813) 505-1357
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Craft Corps L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7524 Needle Leaf Place

7524 Needle Leaf Place

Tampa Fl. 33617

Tampa Fl. 33617

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

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

James Sweeney

Name

7524 Needle Leaf Place, Suite D

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

Tampa FLORIDA 33617

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..



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

James Sweeney

7524 Needle Leaf Place

Tampa Fl. 33617

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

James Sweeney

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)