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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Shirtey's Sew Sews LLC		
(Name of Limited	d Liability Company)	
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Shirley Sims		
(1	Name of Person)	
Chida da Paus Pausa II C		
Shirley's Sew Sews LLC	Firm/Company)	
2356 Fillmore Dr.		
	(Address)	
Marianna El 2064B		
Marianna, Fl. 32448 (City	State and Zip Code)	
For further information concerning this matter, please	call:	
Shirley Sims	at (850) 482-4779	
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations	MAILING A Registration S Division of C	Section

409 E. Gaines Street Tallahassee, Florida 32399

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:		
Shirley's Sew Sews LLC			
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
2356 Fillmore Dr.	2356 Fillmore Dr.		
Marianna, Fl. 32448	Marianna, Fl. 32448		
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the			
Shirley Sims			
Nam	e		
2356 Fillmore Dr.			
	ddress (P.O. Box NOT acceptable)		
	ddress (P.O. Box <u>NOT</u> acceptable)		

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

(CONTINUED)

Page 1 of 2

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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	Shirley Sims 2356 Fillmore Dr. Marianna, fl. 32448
· -	
(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 of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury n are true.)
Shirley Sims Typed	or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)