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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)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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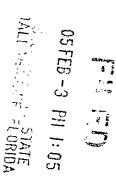
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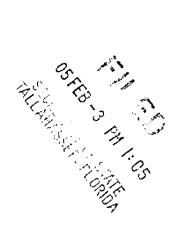
February 3, 2005 A

S	ERVICES	CORPORATION NAME (S) AND DOCUMENT NUMBER (
Γwist	ed Woodshop LLC	
	Filing Evidence □ Plain/Confirmation Cop	Type of Document y □ Certificate of Status
	⊠ Certified Copy	☐ Certificate of Good Standing
		□ Articles Only
	Retrieval Request Photocopy Certified Copy	 □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate □ Other
r		
	NEW FILINGS	AMENDMENTS
	Profit	Amendment
	Non Profit	Resignation of RA Officer/Director
X	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	OTHER FILINGS	REGISTRATION/QUALIFICATION
	Annual Reports	Foreign
	Fictitious Name	Limited Liability
	Name Reservation	Reinstatement
	Reinstatement	Trademark

Other

Articles Of Organization For Florida Limited Liability Company

Twisted Woodshop LLC



ARTICLE I - Name:

The name of the Limited Liability Company is Twisted Woodshop LLC.

ARTICLE II - Address:

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

18522 Ambly Ln. Tampa, Florida 33647

ARTICLE III - Duration:

The Limited Liability Company shall dissolve no later than Perpetual.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

David B. Logan 18522 Ambly Ln. Tampa, Florida 33647

Angela S. Logan 18522 Ambly Ln. Tampa, Florida 33647

ARTICLE V - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **NONE**.

David B. Logan, 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.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is Twisted Woodshop LLC.
- 2. The name and the Florida street address of the registered agent is:

David Logan 18522 Ambly Ln. Tampa, Florida 33647

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.

David Logan, Registered Agent

Filing Fee: \$ 25 for Designation of Registered Agent