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, (Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECREASSEE FLORIDA

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February 28, 2005

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the Articles of Organization for the new business -A Canvas Shop, LLC. Enclosed is the Filing fee of \$125.00 and the additional costs of \$30. for the Certified copy.

Should you have any questions regarding this company please contact me.

Respectfully,

Christine M. Davis 340 Shore Road Venice, Fl 34 285 (941) 485-8879

CORE PART OF A PART

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:
A CANVAS SI	10P, LLC
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
218 Base ave Venice FL 34285	340 Shore Rd Venice, FL 34285
ARTICLE III - Registered Agent, Regist	ered Office, & Registered Agent's Signature:
The name and the Florida street address of	•
<u>Christin</u>	e M. Davis Jame HORE Rd et address (P.O. Box NOT acceptable) NICE, FI. 34285
<u>340 Si</u>	tore Rd et address (P.O. Box NOT acceptable)
	et address (P.O. Box NOT acceptable)
VEA Ciny St	$\frac{\text{VICE, FL}}{\text{State, and Zip}} 34285 \qquad \qquad \frac{1}{2} \frac{2}{2} \bigcirc$
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as eacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S.

(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 MGRM Christine M. Davis 340 Shore Rd Venice, Ft 34283

(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.)

Christine M. Davis
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)

2005 JAN 31 PH 2: 16
SECRETARY OF STATE