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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	M



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SECRETARY OF STATE
SECRETARY OF STATE

02/15/05--01032--005 **125.00

TRANSMITTAL LETTER

STREET ADDRESS: MAILING ADDRESS:	
\$125.00 Filing Fee & Status St	
Enclosed is a check for the following amount:	
Kristen Hanak at (386) 409-8057 (Name of Person) (Area Code & Daytime Telephone Number)	
Voicton Hanah 2810 419-8157	
For further information concerning this matter, please call:	
Edgewater, FL 32141 FG 32 19 19 19 19 19 19 19 19 19 19 19 19 19	ξ,
Edgewater, FL 32141 (City/State and Zip Code)	
TAR:	1
3131 Victory Palm Dr. (Address) Edgewater, FL 32141 (City/State and Zip Code) TARK CITY STATE (City/State and Zip Code)	1
TAS 20	
Personal Touch Fittings, LLC (Firm/Company)	٠
Personal Touch Fittings, LLC	
Kristen Ann Hanak (Name of Person)	
•	
Please return all correspondence concerning this matter to the following:	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
(Name of Limited Liability Company)	
SUBJECT: Personal Touch Fittings, LLC (Name of Limited Liability Company)	
Division of Corporations	
TO: Registration Section	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Personal Touch Fitting LCC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
2568 S. Ridgewood Ave Ste 3 Edgewater, FL 32141 Edgewater, FL 32141
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: KISTEL Ann Hanak SEE PR 15 Name STATE 17 Name STATE 17 The name and the Florida street address (P.O. Box NOT acceptable) 17 City, State, and Zip 18 City, State, and Zip 19 City State 19 City City City City 19 City
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)

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" = Managing Member Kristen Han Hanak 3131 Victory Palm Dr. Edgcwater, Fc 33141 (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

Typed or printed name of signee

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)