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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

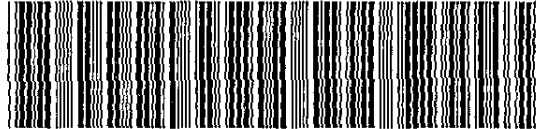
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WOS-44623  
FF \$125



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09/16/05--01004--011 \*\*100.00

10/10/05--01011--018 \*\*25.00

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05 OCT 10 AM 11:55  
SECTION OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANN'S KNOTS & WAVES, LLC  
(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:

ALTON MENDLESON  
(Name of Person)

ANN'S KNOTS & WAVES  
(Firm/Company)

2410 SW SUMMIT ST.  
(Address)

PORT ST. LUCIE, FL 34984  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALTON at (772) 418-5553  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 27, 2005

ALTON MENDLESON  
2410 SW SUMMIT ST.  
PORT ST. LUCIE, FL 34984

SUBJECT: ANN'S KNOTS & WAVES, LLC  
Ref. Number: W05000044623

We have received your document for ANN'S KNOTS & WAVES, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 005A00058936

SECRET  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ANN'S KNOTS & WAVES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

~~2410 SW Summit St.  
Port St. Lucie, FL 34984~~

9815 S. Ocean Dr. #4

JENSEN BEACH, FL 34957

**Mailing Address:**

2410 SW Summit St.

Port St. Lucie, FL 34984

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

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

ALTON V. MENDLESON

Name

2410 SW SUMMIT ST.

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

PORT ST. LUCIE, FLORIDA 34984

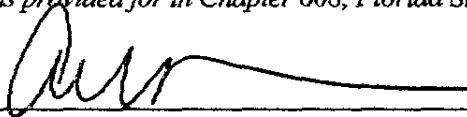
City, State, and Zip

SECRETARY OF STATE  
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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

ANN MENDLESON

2410 SW SUMMIT ST

PORT ST. LUCIE, FL 34984

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Ann Mendleson

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.)

ANN MENOLESON

Typed or printed name of signee

**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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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