

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRACEY'S HOME GIFTS AND GOODS, 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:

TRACEY A. WILLIAMS-PAYNE

(Name of Person)

TRACEY'S HOME GIFTS AND GOODS, LLC

(Firm/Company)

558 JOHNS CREEK PARKWAY

(Address)

ST. AUGUSTINE, FL 32092-5071

(City/State and Zip Code)

For further information concerning this matter, please call:

MR. M. RUDOLPH PAYNE

(Name of Person)

at (904) 954-8576

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 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)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2007-2 PM 1:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

TRACEY'S HOME GIFTS AND GOODS, LLC

ARTICLE II - Address:

Principal Office Address:

Mailing Address:

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

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

MR. M. RUDOLPH PAYNE

Name _____

558 JOHNS CREEK PARKWAY

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

ST. AUGUSTINE FL 32092-5071

City, State, and Zip

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 508, F.S.

Registered Agent's Signature (REQUIRED)

(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

Name and Address:

MGR

TRACEY A. WILLIAMS-PAYNE

558 JOHNS CREEK PARKWAY

ST. AUGUSTINE, FL 32092-5071

MGRM

MR. M. RUDOLPH PAYNE

558 JOHNS CREEK PARKWAY

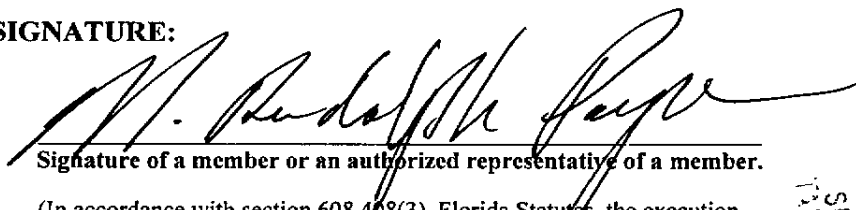
ST. AUGUSTINE, FL 32092-5071

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

MR. M. RUDOLPH PAYNE

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)

RECEIVED
JAN 22 2013
11:30 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA