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(Req	uestor's Name)
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(Document Number)		
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SECRESSIE FLORIDA

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TRANSMITTAL LETTER

TO: Registration So Division of Cor			
SUBJECT: KNIT 1 P	URL 1, LLC (Name of Limited	f Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	obmitted for filling.	
Please return all corresp	ondence concerning this matte	r to the following:	
VANESS	A ELAINE COMBS		
	(*	Vame of Person)	
	O	Firm/Company)	
8111 B SEV	ÆRN DRIVE		
		(Address)	
восл	A RATON, FL 33433 (City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
VANESSA ELAINE C	OMBS of Person)	at (561) 414-5 (Area Code & Dayline To	5574 elephone Number)
Enclosed is a check fo	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	CJ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	MAJLING A	
	on of Cornerations	Registration S	-

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARTICLE I - Name: The name of the Limited Liability Company is:					
	KNIT 1 PURL 1, LLC					
	ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liabil	lity Compar	y is:		
	Principal Office Address:	Mailing Address:				
	6574-N-STATE-RB-7-#844	6574 N. STATE RD. 7, #344				
(U)	COCONST GREEK, FL 99973	COCONUT CREEK, FL 33073				
9	8111 B Severn Drive					
	Boca Raton, FL 33433 ARTICLE III - Registered Agent, Register	rad Office & Decistored Agent's Si	anature:			
	AKTIOLE III - Registered Agent, Register	red Office, or Registered Agent's Di	gilatili c. A∑g	05		
	The name and the Florida street address of th	e registered agent are:	ΣĊ	3		
	VANESSA ELAINE COMBS		ASS.	05 NOV 30		
	Na	,,,,,	ĬĠŢ.			
	0414 B CEV/EDM DDIV/E		王 ^à	P#		
8111 B SEVERN DRIVE Florida street address		address (P.O. Box NOT acceptable)	설	4: 02		
	BOCA RATON, 33433	, , , , , , , , , , , , , , , , , , ,	· S m	\sim		
		FL te, and Zip				
	CRy, Dia	and source make				

Having been named as registered agent and to accept service of process for the above stated livited 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....

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	VANESSA ELAINE COMBS	
	8111 B SEVERN DRIVE	_
	BOCA RATON, FL 33433	_
MGRM	CURTIS COMBS	
	8111 B SEVERN DRIVE	_
	BOCA RATON, FL 33433	_
		_
		_
(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.)

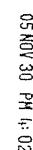
SEE ATTACHMENT

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)





Attachment: KNIT 1 PURL 1, LLC

Signature of a member or an authorized representative of a member.

VANESSA ELAINE COMBS
Typed or printed name of signee

Signature of a mention or an authorized representative of a member.

CURTIS COMBS

Typed or printed name of signee