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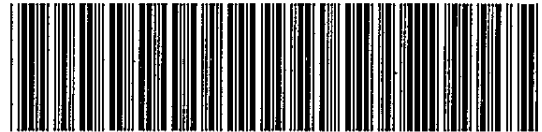
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Scribbles & Stitches, 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:

Larry P. Studer, Esquire  
(Name of Person)

Law office of Larry P. Studer  
(Firm/Company)

PO Box 351, Orlando, Florida 32802  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Larry P. Studer at ( 407 ) 894-9009  
(Name of Person) (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

## ARTICLES OF ORGANIZATION

OF

### SCRIBBLES & STITCHES, LLC

The undersigned, under the provisions of Chapter 608 of the Florida Statutes (the "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

1. Name.

The name of the limited liability company is SCRIBBLES & STITCHES, LLC (hereinafter referred to as the "Company").

2. Period of Duration.

Unless earlier terminated under the Act or the Operating Agreement, the period of duration of the Company shall be perpetual.

3. Purpose.

The purpose for which the Company is organized is to engage in embroidery and related work and any and all other business and activities permitted by the Act and any other applicable laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. Address Of Place Of Business.

The mailing address for the Company is PO Box 7942, Orlando, Florida 34761, and the street address of the place of business for the Company is 6420 North Orange Blossom Trail, Orlando, Florida 32810-4120. These addresses may be changed from time to time as provided in the Operating Agreement.

5. Registered Agent.

The initial registered agent in Florida for the Company is Robert M. Scott, Sr., and the initial registered office is located at 1720 Edgewater Drive, Orlando, Florida 32804.

6. Capital Contributions.

Contributions to the capital of the Company shall be made by the members, in the manner prescribed by the written Operating Agreement made and entered into by the members and which may be amended from time to time in accordance with its terms.

7. Members.

The Company shall have at least one member and may admit additional members on the prior unanimous written agreement of the then-existing members, or as otherwise provided in the Operating Agreement.

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8. Continuity of Business.

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or on the occurrence of any other event that terminates the continued membership of a member in the Company, or upon any other event that, under the Act, would result in dissolution of the Company, the business of the Company may be continued and the Company will not be dissolved without the prior written consent of all the remaining members of the Company.

9. Management.

This Company will be managed by one or more managers appointed by the members in accordance with the terms of the Operating Agreement. As such, the Company will be manager-managed. The managers will be designated as the president, secretary, and treasurer of the Company, and may also be designated as vice presidents, assistant secretaries, and assistant treasurers, and shall have the authority normally associated with these positions under corporate law. The Company may also designate persons as directors under the Operating Agreement who shall act in a manner similar to the directors of a corporation. The members, at a meeting of the members held not less than annually, shall designate the managers, who may also be members, and the positions that these managers will hold. The initial managers, who shall serve until the first annual meeting of the members or until their successors are elected and qualify, and their designations shall be as follows:

Name/Address:

Position:

Vera Deserable  
PO Box 7942  
Orlando, Florida 34761

President, Secretary, and Treasurer

10. Indemnification.

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager, or former member or manager to the full extent permitted under the Act.

Executed at Orlando, Florida, on December 28, 2005.

Scribbles & Stitches, LLC  
a Florida limited liability company

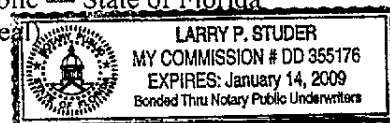
By: Vera Deserable  
Vera Deserable, Member/Manager

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me on December 28, 2005, by Vera Deserable, as Member/Manager of Scribbles & Stitches, LLC, who [ ] is personally known to me or [X] has produced a current driver's license (issued by a state of the United States within the last five (5) years) as identification, or [ ] has produced other identification, to wit:

Larry P. Studer  
Notary Public — State of Florida

(Seal)



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DESIGNATION OF REGISTERED AGENT AND OFFICE

STATE OF FLORIDA  
COUNTY OF ORANGE

Pursuant to the provisions of Fla. Stat. §608.407(1)(d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is Scribbles & Stitches, LLC.

The name of the registered agent for Scribbles & Stitches, LLC is Robert M. Scott, Sr., and the street address of the Company's registered office where the agent is located is 1720 Edgewater Drive, Orlando, Florida 32804.

This statement is to acknowledge that, as indicated above, Scribbles & Stitches, L.C. has appointed me, Robert M. Scott, Sr., as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

Dated December 28, 2005.

Robert M. Scott, Sr.  
Robert M. Scott, Sr.

THE FOREGOING INSTRUMENT was acknowledged before me this 28<sup>th</sup> day of December, 2005, by Robert M. Scott, Sr., agent on behalf of Scribbles & Stitches, LLC, a limited liability company. He (check one: ☒) is personally known to me or ☐ has produced a current driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ has produced other identification, to wit: \_\_\_\_\_.

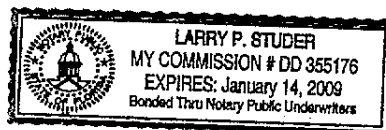
Larry P. Studer  
Notary Public—State of Florida

Print Name \_\_\_\_\_

Commission No. \_\_\_\_\_

My Commission Expires \_\_\_\_\_

[Notary Seal]



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