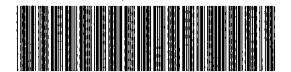
# LU6000075326

,
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Entity Name)
(Business Entity Name)
(Dagumant Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
. //
<b> </b>

Office Use Only



100077645161

BEURETARY OF STATE

RECEIVED

06 JUL 31 AM IO: 3:

DEFA 1: THE GO STATE

DEFA 1: THE G



#### CORPORATION SERVICE COMPANY.

ACCOUNT	NO.	:	072100000032
TACCOUNT.	110.	•	0/21000000022

REFERENCE: 276104 7518993

AUTHORIZATION CALLEGE TO

COST LIMIT : \$155.00

ORDER DATE: July 31, 2006

ORDER TIME : 9:17 AM

ORDER NO. : 276104-005

CUSTOMER NO: 7518993

# DOMESTIC FILING

NAME: TWEEDES, LLC

#### EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

#### ARTICLES OF ORGANIZATION

#### **FOR**

# TWEEDES, LLC

# A FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I-Name:**

The name of the Limited Liability Company is:

TWEEDES, LLC

#### ARTICLE II-Address:

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

323 S. 6th Ave. Wauchula, Florida 33873

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

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

DEBORAH B. PYLE 323 S. 6th Ave. Wauchula, Florida 33873

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. Ifurther 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 obligations of my position as registered agent as provided for in Chapter 608, F.S.

DEBORAH B. PYLE

# **ARTICLE IV-Management**

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

# **ARTICLE V - Managing Members(s):**

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

Title:	<u>Name and Address:</u>
CO-MGRM	Deborah B. Pyle
	323 S. 6th Ave.
	Wauchula, Florida 33873
CO-MGRM	Katherine B. Mulcay
	902 W. Palmetto St.
	Wanchula Florida 33873

# **ARTICLE VI-Effective Date:**

This Limited Liability Company is to become effective upon listing of this certificate with the Secretary of State.

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.

DEBORAH BAYLE