

L060000106888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

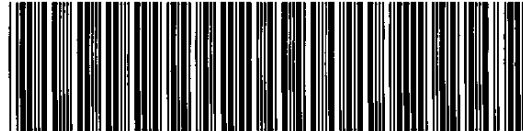
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600081035526

11/03/06--01023--021 \*\*125.00

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

06 NOV - 3 AM 11:36

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 NOV - 3 AM 11:44

J. BRYAN NOV - 3 2006

Joe Busby  
Requester's Name  
PO Box 368  
Address  
Cottdale FL 32431 858 362-4733  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Sewing Solutions, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

06 NOV -3 AM 11:44  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

## Articles of Organization

For

### Florida Limited Liability Company

1. **Article I** - The name of the Limited Liability Company is:

**Sewing Solutions, LLC.**

2. **Article II** - Addresses: The mailing address and Street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

399 Stewart Dr., DEFUNIAK SPRINGS, FL 32435 399 Stewart Dr., DEFUNIAK SPRINGS, FL 32435

- Article III** - The initial Registered Agent, Registered Office street address is:

Robert Lee Yancey

399 Stewart Dr.

DEFUNIAK SPRINGS, FL 32435

I **Robert Lee Yancey** 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 the Initial 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 in Chapter 608, Florida Statutes.

Signed: Robert Lee Yancey  
Robert Lee Yancey

3. **Article IV** - Managing Members: The name and address of each Managing Member is as follows:

**MGMR**

Robert Lee Yancey

328 HWY 90 EAST

DEFUNIAK SPRINGS, FL 32435

**MGMR**

Natalia Suzanne Yancey

328 HWY 90 EAST

DEFUNIAK SPRINGS, FL 32435

**Requires Signature:**

Robert Lee Yancey  
Robert Lee Yancey

(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.)

FILED  
06 NOV - 3 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA