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DEPANTILLY OF STATE BIVISION OF CORPORATIONS TALLY HANDSEE, FLORIDA

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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Ha	ts And Hoops (Name of Limite	Embro; dery d Liability Company)	Works, LLC
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Hom	ier Tedder		
11.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	(Name of Person)	
Hats	AND HOOPS E	mbroidery work (Firm/Company)	ks, LLC 97 PR 18
	•	(Firm/Company)	APR PR
602	8 Fox Road	(Address)	8
		(Address)	PH
TA //Ahassee, 7/orida 32305 (City/State and Zip Code)			
	(City	/State and Zip Code)	_
	concerning this matter, please		
Homer Te	dder of Person)	at (<u>850</u>) <u>251-</u> (Area Code & Daytime Te	4402
(,	(**************************************	
Enclosed is a check for	or the following amount:	•	
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liability Company is:			
Harts And Noops Embroidery Works, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
6028 Fox Road TAllahassee, 71 32305	SAMe		
ARTICLE III - Registered Agent, Registered Company cannot serve as its own Registered business entity with an active Florida registration.)	d Agent. You must designate an individual or another		
The name and the Florida street address of the reg	_		
Homer Tedde	<u>-r</u>		
6028 Fox Road Florida street addre			
TAIIA hassee, City, State, and	FL 32305 1Zip		
liability company at the place designated in thi registered agent and agree to act in this capacity all statutes relating to the proper and complete p	cept service of process for the above stated limited s certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of performance of my duties, and I am familiar with stered agent as provided for in Chapter 608, F.S		
Registered Agent's Signatur	O7 APR 18 PH		

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: $\frac{4}{18/07}$. (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.) Homer Tedder
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)