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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sew-N-500, 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:			
Shirley Woodham (Name of Person)			
Ser)-1-500 LLC			
(Firm/Company)			
7770 SW SR 247 W SECOND 17 18 18 18 18 18 18 18 18 18 18 18 18 18			
(Address) 2 72 72 72 72 72 72 72 72 72 72 72 72 7			
Lake C:+y FI 32024 City/State and Zip Code) Proprint Right			
For further information concerning this matter, please call:			
Shirley woodham at (386) 719-2520 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\$130.00 Filing Fee & \$\$155.00 Filing Fee & \$\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
Sew-N-500) LLC
(Must end with the words "Limited Liability Cor	npany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

ARTICLE I - Name:

Principal Office Address:	Mailing Address:		
7770 SW SR 247 Lake C:+4, Fl 32024	7770 SW SR 247 Lake C: 44, F1 32024		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:			
Shirley A. W. Name	oodkan Riggs		
7770 5W 50 Florida street addi	ress (P.O. Box NOT acceptable)		
Lake City City, State, as	FL 32024 nd Zip		

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. 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.S..

Registered Agent's Signature (REQUIRED)

(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: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Shirley A. Woodham 1770 SW SR 247 Lake City Fl. 32024 MGRM TT70 SW SR 247 Lake City Fl. 32024 OT JUN 22 PH 22 PH 23 PH 26 PH 26 PH 27 PH 26 PH 27 PH

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: $\frac{1}{2} - \frac{1}{2} - \frac{1}{2} = \frac{1}{2}$. (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.)

Shirley A. Woodham mare
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)