### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H070001823763)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)205-0383 Fax Number

From:

Account Name : HUBCO

Account Number: 104662003400 : (516)935-3940 Phone

Fax Number : (516)935-3088

## ORIDA/FOREIGN LIMITED LIABILITY CO.

#### A Kneaded Touch LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Corporate Filing Menu

Help

7/17/2007

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICL	ÆΙ	-	Name
-----	-----	----	---	------

The name of the Limited Liability Company is: A Kneaded Touch LLC

#### ARTICLE II - Address

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

Principal Office Address:		Mailing Address:		
717 Reflections Drive		717 Reflections Drive		
Winter Haven, FL 33884		Winter Haven, FL 33884		
•	٠.			
1				
ARTICLE III - Registered A The name and Florida street address			07 JUL	SECRET
		Name	17	HE T
717 Reflections Drive		A		
	(P.O. Box or	Mail Drop Box <u>NOT</u> Acceptable)		
•	Winter Haven,	FL 33884	0	<del></del>
	(0	City / State / 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 - Nevenka Vuckovic

H07000182376

The name and address of each Mana	ager or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Nevenka Vuckovic - 717 Reflections Drive, Winter Haven, FL 338	84
(Use attachment if necessary)		
REQUIRED SIGNATURE:	· · · · · · · · · · · · · · · · · · ·	
	Neverka Veckerie	
Signature	of a member or authorized representative of a member.	Sign Carrier
	nce with section 608.408(3), Florida Statutes, the execution of this institutes an affirmation under the penalties of perjury that the facts are true.)	
	; ; ;	
•	Nevenka Vuckovic	
	Typed or printed name of signee	