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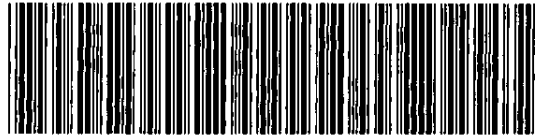
(Business Entity Name)

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DIVISION OF CORPORATIONS
09 MAR -4 AM 10:09

T. HAMPTON
MAR - 5 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Feathers Shoe Boutique, 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:

Marie Solomon

(Name of Person)

Feathers Shoe Boutique, LLC

(Firm/Company)

2701 East County 30A

(Address)

Santa Rosa Beach, Florida 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

Marie Solomon

(Name of Person)

at (**850**) **231-6021**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
FEATHERS SHOE BOUTIQUE, LLC**

ARTICLE I - Name:

The name of the limited liability company is **Feathers Shoe Boutique, LLC** (the "Company").

ARTICLE II - Address:

The mailing address of Limited Liability Company and the street address of the principal office of the Limited Liability Company is 2701 East County 30A, Santa Rosa Beach, Florida 32459.

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

The name and the Florida street address of the registered agent is **Marie Solomon**, 2701 East County 30A, Santa Rosa Beach, Florida 32459.

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 provided for in Chapter 608 of the Florida Statutes.



Signature of Marie Solomon, Registered Agent

ARTICLE IV - Manager(s) or Managing Member(s):

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

<u>Title:</u>	<u>Name and Address:</u>
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"MGR"= Manager


"MGRM" = Managing Member

Marie Solomon (MGR)

2701 East County 30A2
Santa Rosa Beach, Florida 32459

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REQUIRED SIGNATURE:



Marie Solomon, Sole Member and Manager

(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.)

Marie Solomon
Typed or Printed Name of signee

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