# L09000056224

(Re	equestor's Name)	
(130	questor s marrie)	
. (A.a.	Idress)	<del></del>
(Au	iuress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
,		
(Bu	ısiness Entity Nar	me)
(Do	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	
		.

Office Use Only



100156744671

06/09/09--01035--015 \*\*130.00

SECRETARY OF STALLAHASSEE, FLO

B. KOHR

JUN 1 0 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Division of C				EFF	CTIVE D	ATE_	6/5/1
SUBJE	CT:	Stite	ches .	Are Fo	rever	;	ر مرايخ	99
50162	· · · · · · · · · · · · · · · · · · ·	Name of Limit	ed Liabi	lity Comp	any		The second second	
The enc	losed Articles	of Organization and fee(s) are	submitte	ed for filing	g.		Ę.	
Please re	eturn all corres	spondence concerning this mat	ter to the	following	ţ:			160
		Lara	Scarle	ett Bizzo	otto			
_			<del> </del>	f Person				
		Stite		re Forev	er			
			Firm/Co	ompany				
_		5048		uren Ro	pad			
			Add	lress				
_				h, FL 33				
			_	nd Zip Cod				
	<del>" " " " " " " " " " " " " " " " " " " </del>	mia@st E-mail address: (to be used	itchesa for future	areforev annual rep	er.com	n)		· · ·
For furth	her information	n concerning this matter, pleas	e call:	,				
	Lara So	carlett Bizzotto	at (	561	)	727-998 Telephone Nu	2	
	Name	e of Person		Area Code	e & Daytime	Felephone Nur	mber	
Enclose	ed is a check t	for the following amount:						
<b>]</b> \$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	5.00 Filir rtified Co ditional cop	_	Certifi Certifi	ed Copy	Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrat Division Clifton E 2661 Exc	ourier Addr ion Section of Corporat Building ecutive Cent see, FL 3230	ions er Circle		

# EFFECTIVE DATE ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABIL **ARTICLE I - Name:** The name of the Limited Liability Company is: Stitches are Forever LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "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:** 5048 Van Buren Road 5048 Van Buren Road Delray Beach, FL 33484 Delray Beach, FL 33484 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: Lara Scarlett Bizzotto Name 5048 Van Buren Road Florida street address (P.O. Box NOT acceptable) Delray Beach, FL 33484 FL City, State, and 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

Registered Agent's Signature (REQUIRED)

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.

(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:

03 4 C D U	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Lara Scarlett Bizzotto
	5048 Van Buren Road
	Delray Beach, FL 33484
(Use attachment if necessary)	
• •	date of filing: 6-5-09 (OPTIONAL
CLE V: Effective date, if other than the	
CLE V: Effective date, if other than the	date of filing: 6-5-09 (OPTIONAL e specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with see	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated her	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated here.	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)

of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)