L10000051621

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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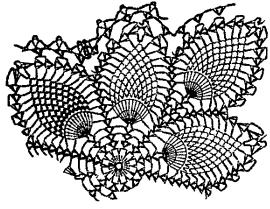
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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAY 132010

EXAMINER

designs 4 crochet, llc



Joan Annet Davis, Executive Manager P O Box 6904

West Palm Beach, FL 33405
*E-mail: aOcrochetjad@msn.com
Telephone: 561.951.2344

May 8, 2010

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

SUBJECT: DESIGNS 4 CROCHET, LLC

Enclosed is an original and one (1) copy.

Please accept the attached Articles of Organization for the above mentioned Limited Liability Company.

I have reviewed the Department of State Database and the proposed name is not an active LLC, and has not been active since 2004.

The Limited Liability Company will be a new entity and not a conversion of an existing entity.

A money order in the Amount of \$125.00 is also enclosed.

Please issue a free-of-charge letter of acknowledgement upon filing and validated the attached copy. Also, mail the documents to the address above.

Please note for the record * the second character in the e-mail address is number 0 not alphabet "0".

Very truly yours,

Joan Annet Davis, Registered Agent

Executive Manager for DESIGNS 4 CROCHET LLC

Attachments: Articles of Organization & Money Order

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Crochet, LLC		
	(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing add	ress and street address of	the principal office of the Limited Lia	bility Company is:
Principal Office	e Address:	Mailing Address:	
143 W. 17 Street		P O Box 6904	
Riviera Beach, FL 33	3404	West Palm Beach, FL 33405	
business entity with	an active Florida registration.) ne Florida street address o	on Registered Agent. You must designate an individual of the registered agent are: an Annet Davis	2010 SEC
	300	Name	TARY ASSE
		Name W. 17 Street	12 PM
	143		
	143	W. 17 Street	12 PM 12: 38 NRY OF STATE SSEE, FLORID
	143 Florida st Riviera Beach	W. 17 Street reet address (P.O. Box NOT acceptable)	12 PM P: 88 ARY OF STATE SSEE, FLORIDA

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

FILED

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

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

2010 MAY 12 PM 12: 38

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF TALLAHASSEE.
Manager	Joan Annet Davis	
	143 W 17 Street	
	Riviera Beach, FL 33404	· · · · · · · · · · · · · · · · · · ·
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		To be the state of
(Use attachment if necessary)		
ICLE V: Effective date, if other than the	date of filing:	(OPTIONAL)
effective date is listed, the date must be 90 days after the date of filing.)	e specific and cannot be more tha	in five business days prior
DEALIDED SIGNATIDE.		

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.)

Joan Annet Davis

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)