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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
AHASSEE FLORID

J. BRYAN

JUL 1 9 2010

EXAMINER

COVER LETTER

то:	Registration S Division of Co				
SUBJI	ECT: Follow	Your Art, L.L.C.			
		Name of Limit	ed Liability Compa	any ,	
The en	closed Articles o	f Organization and fee(s) are	submitted for filing	g.	
Please	return all corresp	oondence concerning this mat	ter to the following	;:	
	Martha Dodd				
`			Name of Person		
					SEC SEC
			Firm/Company		AHA.
	11781 Bramb	le Cove Drive			TARY OF S
			Address	<u> </u>	MO 3
	Fort Myers, F	L 33905			1:58 STATI FLORI
	· · · · · · · · · · · · · · · · · · ·	Cit	y/State and Zip Code)	P
	marthadodd@	Comcast.net E-mail address: (to be used	Con Cutumo manual com	ort motification)	
For fur	ther information	concerning this matter, please	•		
Marth	ıa Dodd		at (239	,850-3250 [°]	
	Name	of Person		& Daytime Telep	phone Number
Enclos	sed is a check for	or the following amount:			
□ \$125	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional copy	ру	\$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	Registrati Division Clifton B 2661 Exe	purier Address ion Section of Corporations Building ecutive Center C see, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Follow Your Art,	11 C		
		imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	dress:		•
The mailing address	s and street address	s of the principal office of the Limited L	iability Company is:
Principal Office A	ddress:	Mailing Address:	
11781 Bramble Cove Dr	ive	11781 Bramble Cove Drive	
Fort Myers, FL 33905		Fort Myers, FL 33905	
ARTICLE III - RA	egistered Agent. R	egistered Office, & Registered Agent	's Signature:
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its active Florida registration.	Registered Office, & Registered Agent s own Registered Agent. You must designate an indiction.) See of the registered agent are:	vidual or another ALCO SECONDATE ARE SECONDATE A
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its active Florida registration. Florida street addres	s own Registered Agent. You must designate an indi .)	vidual or another 10 JUL 16 THE TARY ALLAHASSE
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its active Florida registration. Florida street addres	s own Registered Agent. You must designate an indi .) ss of the registered agent are: Name	vidual or another 10 JUL 16 PM 1 SECRETARY OF S ALLAHASSEE, FL
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its active Florida registration. Florida street addres Martha Dodd 11781 Bramble C	s own Registered Agent. You must designate an indi .) ss of the registered agent are: Name	vidual or another 10 JUL 16 PM 1 SECRETARY OF S ALLAHASSEE, FL
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its active Florida registration. Florida street addres Martha Dodd 11781 Bramble C	s own Registered Agent. You must designate an indi .) ss of the registered agent are: Name Cove Drive	TO JUL 16 PM 1: SECRETARY OF STALLAHASSEE, FLO

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:

"MGRM" = Managing Member			
MGR	Martha Dodd		
	11781 Bramble Cove Drive		
	Fort Myers, FL 33905		
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(Use attachment if necessary)		FISTATE FLORID	 C
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	e date of filing:	(OPTION	
fective date is listed, the date must l days after the date of filing.)	e specific and cannot be more than fiv	e business d	ays
days after the date of fining.)			
DECLUDED CICNATUDE.			
<u>REQUIRED</u> SIGNATURE:			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Martha J Dodd

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee