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DIVISION OF CORPORATION

N. Guilligan SEP 3 0 2010

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SURJECT: SEW GO	OOD OUTFITTERS, LL	С	
SUBJECT.		ed Liability Compa	any
	f Organization and fee(s) are		
Please return all corresp	ondence concerning this matt	er to the following	•
Cheryl Lynn C	Goodall		
- · · · - · · · · ·		Name of Person	
SEW GOOD	OUTFITTERS, LLC		
		Firm/Company	
1013 Taproot	Drive		
		Address	
Winter Spring	s, FL 32708		
	Cit	y/State and Zip Code	
cherylgoodall2	2@gmail.com E-mail address: (to be used f	on future annual non-	net actification)
For further information	concerning this matter, please	_	n nonneaton)
10		, , , , , , , , , , , , , , , , , , , 	
Michael Goodall	· · · · · · · · · · · · · · · · · · ·	_ ** \	383-1884
Name	of Person	Area Code	& Daytime Telephone Number
Enclosed is a check for	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Q\$155.00 Filin Certified Co (additional copy	py Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton E 2661 Exc	purier Address ion Section of Corporations duilding ecutive Center Circle see, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: SEW GOOD OUTFITTERS, 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:** 1013 Taproot Drive, Winter Springs, FL 32708 1013 Taproot Drive, Winter Springs, FL 32708 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: Cheryl Lynn Goodall Name

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..

City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

FL 32708

Registered Agent's Signature (REQUIRED)

1013 Taproot Drive

Winter Springs

(CONTINUED)
Page 1 of 2

Title: "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	
		 	
(Use attachmen	nt if necessary)		_
CLE V: Effectiv	e date, if other than the	date of filing: (OPI	TIONAL)
CLE V: Effectiv	e date, if other than the listed, the date must be	date of filing: (OPT e specific and cannot be more than five busine	 ΓΙΟΝΑL) ess days pi
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ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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