

15-10-2010

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FROM GRAY ROBINSON

863-688-9771

P. 001700

160

Florida Department of State

Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
TWISTED ARTZ, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION
OF
TWISTED ARTZ, LLC

The undersigned hereby presents these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of the Limited Liability Company is TWISTED ARTZ, LLC.

ARTICLE II

PRINCIPAL OFFICE

The address of the Limited Liability Company is 456 Amethyst Avenue, Auburndale, Florida 33823.

ARTICLE III

DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date of the execution and acknowledgment of these Articles of Organization.

ARTICLE IV

PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

ARTICLE V

MANAGEMENT

The Limited Liability Company is to be a member managed company. The Limited

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Liability Company's initial member-manager shall be Johnathon Gerber whose address is 456 Amethyst Avenue, Auburndale, Florida 33823.

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

The street address of the initial registered office of the Limited Liability Company is One Morton Drive, Lakeland, Florida 33801 and the name of the initial registered agent of the Limited Liability Company at that office is David D. Hallock, Jr.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Limited Liability Company, has executed these Articles of Organization this 15th day of October, 2010.



DAVID D. HALLOCK, JR., Incorporator

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**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is TWISTED ARTZ, LLC.
2. The name and street address of its initial Registered Agent and initial Registered Office are:

DAVID D. HALLOCK, JR.
GrayRobinson, P.A.
One Lake Morton Drive
Lakeland, Florida 33801

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.



DAVID D. HALLOCK, JR.
Date: October 15th, 2010

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