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J. SAULSBERRY EXAMINER

APR 4 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Speciality Hats N That LLC. Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
I netta Sue Finalley Name of Person	·*•
Firm/Company	- ,
4217 Portillo Rd My+ H AR Address SS W	Ĩ
	- 1 - 1 - 1
Spring Hill FL 34608 Fix To The City/State and Zip Code	- [
Spring Hill FL 34608 City/State and Zip Code Speciality hats N that @ 49hoo. On E-mail address: (to be used for future winual report notification)	_
For further information concerning this matter, please call:	
Tretta Sue Findley at (352.) 293.4571 Name of Person at (352.) 293.4571 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is Principal Office Address: Mailing Address: Mailing Address: Mailing Address: Same 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: Mailler Name Name	The name of the Limited Liability Cor Speciality Hats (Must end with the words "Li				
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: Agent		s of the principal office of the Limited Lia	ability C	ompar	ıy is:
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: Agent's Signature: Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	Principal Office Address:	Mailing Address:			
Plant	ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it	Registered Office, & Registered Agent's its own Registered Agent. You must designate an individual	Signatu	ther	
Florida street address (P.O. Box NOT acceptable) Spring Hill FL 34608 City, State, and Zip	The name and the Florida street address Clay Mi 5197 Co Florida	ess of the registered agent are: Name Our 1 and Rd da street address (P.O. Box NOT acceptable)	SECRETARY OF STATE ALL'AHASSEE, FLORIDA	2011 MAR 31 AM 11: 50	Annual Special Control of the Contro

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)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Inetta Sur Findley-Stoice 4217 Portillo Ru Apt H Spring Hill, FL 34608
MGRW.	Bank of America 7347 Forest Oak Blud Spring Hill FL 34688
•	HAR 31 AM CONTROL OF AMASSEE. F.
	FE STATE SO
(Use attachment if necessary)	april 1, 2011 558
	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior

ARTIC (If an e to or 90 days after the date

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)