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SCURETARY OF STATE
PALLAHASSEE, FIRMEN

D. BRUCE
APR 12 2011
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CT: Newton's Niche LLC  Name of Limited Liability Company	
	Name of Emitted Elastifty Company	
The end	losed Articles of Organization and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
,	leremy Lee Griffin	
	Name of Person	
	Newton's Niche LLC	
	Firm/Company	
	328 SW34th Street Apt. 11	
	Address	
C	Gainesville, FL 32607	
	City/State and Zip Code	_
į	eremygriffin1987@gmail.com  E-mail address: (to be used for future annual report notification)	ĺ
	E-mail address: (to be used for future annual report normalities)	
For fur	E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:	٠.,
Jeren	y Lee Griffin at (321 ) 525-9234	
	Name of Person Area Code & Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
\$125.00	Filing Fee \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}\$  Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 \text{ Filing Fee, Certificate of Status & 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 I - Name: The name of the Limited Liability Compan	y is:	
Newton's Niche LLC (Must end with the words "Limited	Liability Company, "L.L.C.," or "Ll.C.")	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
1109 University Avenue Gainesville, FL 32601	1109 University Avenue Gainesville, FL 32601	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	Registered Agent. You must designate an individual	
Jeremy Lee Griffin		Pa =
	Name	
328 SW34th Street Apt. 11		ASS =
Florida stre	et address (P.O. Box NOT acceptable)	
Gainesville	<sub>FL</sub> 32607	T S
Ci	ty, State, and Zip	TATE OR
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accept th pacity. I further agree to comply with ete performance of my duties, and I an	above stated limited ne appointment as n the provisions of all n familiar with and
Registered Agent's S	ee Julie Signature (REQUEED)	

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Jeremy Lee Griffin 328 SW34th Street Apt. 11 Gainesville, FL 32607 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: Sunday 01 May 2011 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) Jeremy Lee Griffin 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)