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2011 APR 20 MIN NO LATE
SECRETARY OF STATE

T. CLINE
APR 2 1 2011
EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: Fascinate Me, LLC	•	
	ed Liability Company	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Joanne Ritzelle Castillo W		_
	Name of Person	
Fascinate Me, LLC		
	Firm/Company	_
PO Box 1227, Destin FL 32	540	
· · · · · · · · · · · · · · · · · · ·	Address	
4000 B 1 4 01 B (1	El 00544	
4033 Broken Arrow Ct, Destin	FL 32541 /State and Zip Code	
·	/State and Zip Code	
FascinateMe.Etsy@gmail.com E-mail address: (to be used for	or future annual report notification)	<u> </u>
•		77
For further information concerning this matter, please	Call:	2
Joanne Woskov	206 002 9152 770	Designation of the last
Name of Person	Area Code & Daytime Telephone Number	
	ATE 4	•
Enclosed is a check for the following amount:	> '' -	•
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &	ķ.
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)
Mailing Address	Street/Courier Address	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
Fascinate Me, LLC		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
4033 Broken Arrow Ct	PO Box 1227	
Destin, FL 32541	Destin, FL 32540	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)		
The name and the Florida street address o	of the registered agent are:	- 20 - 20
Joanne Woskov	ĹĹ	2011 APR 20 SECRETAR)
***************************************	Name ±	APR 20
4033 Broken	Arrow Ct	project of the same of the sam
Florida st	reet address (P.O. Box NOT acceptable)	OF S
Destin	FL 32541	OF STAT
(City, State, and Zip	. 66

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGRM Joanne Ritzelle Castillo Woskov 4033 Broken Arrow Ct Destin, FL 32541 MGRM Stephen Michael Woskov 4033 Broken Arrow Ct Destin, FL 32541 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPT) Agreement of a member or an authorized representative of a member of a member or an authorized representative of a member or an aut	Title:	Name and Address:
MGR Joanne Ritzelle Castillo Woskov 4033 Broken Arrow Ct Destin, FL 32541 MGRM Stephen Michael Woskov 4033 Broken Arrow Ct Destin, FL 32541 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTI ffective date is listed, the date must be specific and cannot be more than five busines) days after the date of filing.) REOUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this document to onstitutes an affirmation under the penalties of perjury that the facts stated herein are to I am aware that any false information submitted in a document to the Department on the constitutes a third degree felony as provided for in s.817.155, F.S.) Stephen M. Woskov	"MGR" = Manager "MGRM" = Managing Man	nhar
MGRM Stephen Michael Woskov 4033 Broken Arrow Ct Destin, FL 32541	WORM - Managing Men	noei
MGRM Stephen Michael Woskov 4033 Broken Arrow Ct Destin, FL 32541 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR	Joanne Ritzelle Castillo Woskov
Stephen Michael Woskov 4033 Broken Arrow Ct	,	4033 Broken Arrow Ct
(Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing:		Destin, FL 32541
(Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing:	MGRM	Stenhen Michael Woskov
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REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member of	(Ose attachment if necessar)	1)
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	Signature o (In accordance with a constitutes an affirm I am aware that any constitutes a third de	section 608.408(3), Florida Statutes, the execution of this document to the Department of false information submitted in a document to the Department of States agree felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)