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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Whim Wham Pottery and Art Studio 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:
Aimee Gurtis
Name of Person
Firm/Company
76 N St. Andrews Drive
Ormond Beach FL 32174 ES = City/State and Zip Code
E-mail address: (to be used for future annual report notification)
7.7 T stand
For further information concerning this matter, please call: Aimee Guttis at 386 212 - 9438 25 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 130.00 Filing Fee & \text{Certified Copy} & \text{Certificate of Status & Certified Copy} & \text{Certified Copy} & \text{Certified Copy} & \text{Certified Copy} & \text{Certified Copy} & \text{(additional copy is enclosed)}\$\$
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
	y and Art Studio LLC
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
76 N St. Andrews Drive Ormand Beach FL 32174	76 N St. Andrews Drive Ormand Beach FL 32174
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	Gurtis St. 3
	Andrews Drive 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>Ovmand Beach</u>	1FL 32 174 Le, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(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: "MGR" = Manager. "MGRM" = Managing Member	Name and Address:
MGRM	Aimee Gurtis The N St. Andrews Drive
_ M GRM	Andrew Gurt's The N St. Andrews Drive Ormand Beach FC 32174
ffective date is listed, the date must b	date of filing: (OPTIONA e specific and cannot be more than five business day
CLE V: Effective date, if other than the ffective date is listed, the date must be	date of filing: (OPTIONAle specific and cannot be more than five business day
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ELE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
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