L1200001326S

_____
(Requestor's Name)

_____
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

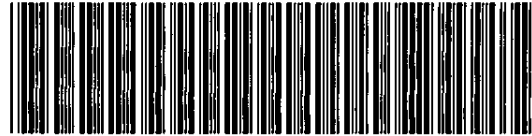Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

JAN 2 7 2011

EXAMINER

Office Use Only

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: <u>**CATHERINE WITH A TWIST, LLC**</u>

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:

CATHERINE M. WILLIAMS

Name of Person

CATHERINE WITH A TWIST, LLC

Firm/Company

10233 MALLARD LANDINGS WAY

Address

ORLANDO, FL   32832

City/State and Zip Code

catherinewithatwist@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHERINE M. WILLIAMS   at (407) 760-9111

Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☑ $130.00 Filing Fee & Certificate of Status   ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)   ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address	**Street/Courier Address**
Registration Section	Registration Section
Division of Corporations	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 Company is:

CATHERINE WITH A TWIST, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

10233 MALLARD LANDINGS WAY
ORLANDO, FL 32832

Mailing Address:

10233 MALLARD LANDINGS WAY
ORLANDO, FL 32832

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:
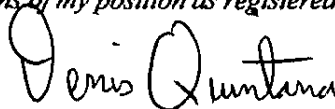
DENIS QUINTANA, ATTORNEY AT LAW
Name

LAW OFFICE OF DENIS QUINTANA, 207 E. LIVINGSTON STREET

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO   FL 328 01
City, State, and Zip

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:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MANAGER

CATHERINE M. WILLIAMS
10233 MALLARD LANDINGS WAY
ORLANDO, FL 32832

2012 JAN 26 PM 4:45 FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

CATHERINE M. WILLIAMS
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)

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