L12000131766

(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Dod	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	
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	S. TONER	
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SECRETARY OF STATE

COVER LETTER

TO	Registration of	on Section f Corporations	
SHRI	ECT. USA	A Made Treasures	LLC
5000	Dor		ted Liability Company
		6 st	
The er	nclosed Article	es of Organization and fcc(s) are	submitted for filing.
Please	return all cor	respondence concerning this ma	tter to the following:
	Patricia	Long	
			Name of Person
	USA M	ade Treasures LL0	
			Firm/Company
	993 Vir	ginia Avenue	
			Address
	Altamont	te Springs, Florida 3	2701
•			ty/State and Zip Code
	usamada	treasures@gmail.com	3.5.m. c.m. m.h. c.o.c.
	usamaue	E-mail address: (to be used	for future annual report notification)
For fur	ther informati	ion concerning this matter, pleas	
Patri	cia Long		at (407) 696-0809
***************************************	Nu	me of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check	k for the following amount:	
√ \$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	Т	IC	I	Æ	1	-	N	a	m	e	:
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The name of the Limited Liability Company is:

USA Made Treasures 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:	1 1	Mailing Address:			
993 Virginia Avenue		993 Virginia Avenue			
Altamonte Springs, Florida	32701	Altamonte Springs, Florida	32701	-	
	nnot serve as its own Regida registration.)	ed Office, & Registered Ager istered Agent. You must designate an in registered agent are:			
Charl	es V. Krausman	n	三品	95	77
Na		e	芸芸	_	
993	Virginia Ave	nue	温さ	5 PH	ED
	Florida street a	ddress (P.O. Box NOT acceptable)	77	#:	٠
Altamo	onte Springs	_{FL} 32701		-	
	City, S	State, and Zip		a na	

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Patricia Long 993 Virginia Avenue Altamonte Springs, Florida 32701
Mgr	Claudia Case 2208 West Baseline Avenue Apache Junction, AZ 85120
	1
(Use attachment if necessary)	(ODTIONAL)
effective date is listed, the date made of filing.)	nust be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
Signature of a r	member or an authorized representative of a member.
constitutes an affirmatio	tion 608.408(3), Florida Statutes, the execution of this document on under the penaltics of perjury that the facts stated herein are true, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)

Patricia Long

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)