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Effective Date 2/25/13

OIVISION OF CORPORATIONS

13 MAR -4 PM 12: 07

MAR - 5 2013 T. HAMPTON

COVER LETTER

TQ: **Registration Section Division of Corporations** Allison Craft Designs 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: Allison J Craft Name of Person Allison Craft Designs LLC Firm/Company 26-A Logan Lane Address Santa Rosa Beach, FL City/State and Zip Code sthornton821@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Allison J Craft Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

■\$125.00 Filing Fee \$\times \$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

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

Effective Date 2/25/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
	•	
Allison Craft Designs LLC		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
26-A Logan Lane	26-A Logan Lane	
Santa Rosa Beach, FL 32459	Santa Rosa Beach, FL 32459	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
	gistored agent are.	
Allison J Craft Name		
Name		
26-A Logan Lane	(D.O. Dow NOT acceptable)	
Santa Rosa Beach	ress (P.O. Box <u>NOT</u> acceptable) 32459	
	FL 32439 te, and Zip	
•	•	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity that the registered agent and agree to act in this capacity.	his certificate, I hereby accept the a ity. I further agree to comply with t	ppointment as he provisions of
all statutes relating to the proper and complete and accept the obligations of my position as reg		•
Aloran	(not)	
Registered Agent's Signati	ure (REQUIRED)	SECRE DIVISION (13 MAR
(CONTIN	U ED)	-4
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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	Name and Address:
"MGRM" = Managing Member	
MGR	Allison J Craft
	26-A Logan Lane
	Santa Rosa Beach, FL 32459
(Use attachment if necessary)	
	n the date of filing: February 25, 2013 (OPTIONAL) must be specific and cannot be more than five business days g.)
REQUIRED SIGNATURE:	lion (rall)
Signature of a me	ember or an authorized representative of a member.
	\vee

(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.)

> Allison J Craft 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)