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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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03/25/13--01010--017 **125.00



COVER LETTER

TO:

SUBJECT:

Registration Section Division of Corporations

KNYSNA CREATIONS 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:

CHRISTINA MUMFORD Name of Person KNYSNA CREATIONS LLC Firm/Company

4425 E. RIVERSIDE DRIVE

Address

FORT MYERS, FL 33905

City/State and Zip Code

COMCAST.NET

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

For further information concerning this matter, please call:

CHRISTINA MUMFORD

Name of Person

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)

Certificate of Status &

Certified Copy

□ \$160.00 Filing Fee,

(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

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
KNYSNA CREATIONS LLC				
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	_		
ARTICLE II - Address:				
The mailing address and street address of the pr	incipal office of the Limited Liability (Company i	s:	
Principal Office Address:	Mailing Address:			
4425 EAST RIVERSIDE DRIVE	44525 EAST RIVERSIDE DRIVE			
FORT MYERS, FL 33905	FORT MYERS, FL 33905	_ _		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signatered Agent. You must designate an individual or ar	ture:		
The name and the Florida street address of the re	egistered agent are:	SEOT SEOT	2013	
CHRISTINA MUMFORD		全部	MAR	$\neg \eta$
Name		が歌	25	
4425 EAST RIVERSIDE DRIVE			7	D
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)		5	
FORT MYERS	_{.FL} 33905	STATE FLORIDA	10: 27	
City, Sta	ate, and Zip	*	~~3	

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)

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:	Name and Address:
	"MGR" = Manager	
	"MGRM" = Managing Member	
	MGR	CHRISTINA MUMFORD
		4425 E. RIVERSIDE DR
		FORT MYERS, FL 33905
		1 0111 111 121 121 121 121 121 121 121 1
	(Use attachment if necessary)	
		e date of filing: (OPTIONAL)
(If an	effective date is listed, the date mus	st be specific and cannot be more than five business days
prior to	o or 90 days after the date of filing.)	
	<u>REQUIRED</u> SIGNATURE:	
) all 55 2
		ALL SECO
	-	per or an authorized representative of a member.
	J	
	(In accordance with section 60	08.408(3). Florida Statutes, the execution of this document : \(\mathcal{O} \)
	constitutes an aftirmation unde	er the penalties of perjury that the facts stated herein are true.
	constitutes a third degree felor	
	CHRISTINA MUM	
		yped or printed name of signee
		prove or princes amount of Dipples

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)