

06/26/2013 2:47:07 PM

400 PO REF B RC F A

AGE 1 C 3

6/26/13

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000145144 3)))



H130001451443ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: shabbyscrapsshoppe@gmail.com

RECEIVED
13 JUN 26 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
The Shabby Scraps Shoppe LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

JUN 27 2013
T CLINE

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H13000145144

ARTICLE I - Name

The name of the Limited Liability Company is: **The Shabby Scraps Shoppe LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

200 Kelly Road 5A

200 Kelly Road 5A

Niceville, FL 32578

Niceville, FL 32578

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

David Barger

Name

200 Kelly Road 5A

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Niceville, FL 32578

(City / State / 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 - David Barger

2013 JUN 26 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV - Manager(s) or Managing Member(s):

H13000145144

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

<u>MGRM</u>	<u>David Barger - 925 Hospital Drive, Niceville, FL 32578</u>
<u>MGRM</u>	<u>David Dunbar - 55 Yacht Club Drive, Fort Walton Beach, FL 32548</u>
<u>MGRM</u>	<u>Shariyn Thomas - 833 Fairway Lakes, Niceville, FL 32578</u>
<u>MGRM</u>	<u>Kendra Dunbar - 55 Yacht Club Drive, Fort Walton Beach, FL 32548</u>

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

David Barger

Typed or printed name of signee

2013 JUN 26 AM 8:25
RECEIVED
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA