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(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

CHRIECT.

The Crafty Cobbler 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:

James Alan Hill

Name of Person

The Crafty Cobbler LLC

Firm/Company

2204 East Silver Springs Blvd

Address

Ocala, Fl. 34470

City/State and Zip Code

Jesus4evermyLord@aol.com

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

For further information concerning this matter, please call:

Sherry Hill

_352

266-8477

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

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

The Crafty Cobbler LLC	
(Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	ss of the principal office of the Limited Liability Company is:
	Mulling Address
Principal Office Address:	Mailing Address:
Principal Office Address: 2204 East Silver Springs Blvd	2204 East Silver Springs Blvd
2204 East Silver Springs Blvd	2204 East Silver Springs Blvd
2204 East Silver Springs Blvd Ocala, Fl. 34470 ARTICLE III - Registered Agent,	2204 East Silver Springs Blvd Ocala, Fl. 34470 Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another

Sherry Hil	<u> </u>
	Name
3939 S.E. 14	th Place
	Florida street address (P.O. Box NOT acceptable)
Ocala,	_{FL} 34471
	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)

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:

MGR	James "Alan" Hill
	•
	
(Use attachment if necessary)	
T.F.V: Effective date if other than	the date of filing: 01/01/14 (OPTION.
	ust be specific and cannot be more than five busine

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.)

James Alan Hill

Typed or printed name of signce

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)