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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	es of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 1 0 2013

EXAMINER

## COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Two Hats, L.L.C.

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:

Susan Nawyn		
	Name of Person	
	Firm/Company	
2873 NE 1ST DR	l	
	Address	
Homestead FL 3	เสบสส	

Homestead, FL 33033

City/State and Zip Code

susannawyn@comcast.net

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

For further information concerning this matter, please call:

Susan Nawyn

...786

600-8726

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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	:
Two Hats, L.L.C.	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2873 NE 1ST DR	2873 NE 1ST DR
Homestead, FL 33033	Homestead, FL 33033
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the Susan Nawyn	stered Agent. You must designate an individual or another 3
Name	He 7
2873 NE 1ST DR	rs -
	Idress (P.O. Box NOT acceptable)
Homestead, FL 33033	
	FL tate, and Zip
liability company at the place designated in registered agent and agree to act in this caparall statutes relating to the proper and complet and accept the obligations of my position as Registered Agent's Signature	O
(CONTIN	(UED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	r.SECon.
"MGRM" = Managing Member	er or Managing Member is as follows:  Name and Address:  SECRETARY  Susan Nawyn  2873 NE 1ST DR
MGR	Susan Nawyn
· · · · · · · · · · · · · · · · · · ·	2873 NE 1ST DR
	Homestead, FL 33033
<del></del>	
LE V: Effective date, if other than the	date of filing: January 1, 2014
LE V: Effective date, if other than the ffective date is listed, the date must	date of filing: January 1, 2014 . (OPTIO) to be specific and cannot be more than five busing
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five busi
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 608)	r or an authorized representative of a member.
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a membe (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	r or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State
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Page 2 of 2