## L140000688268

(Requestor's Name)
(Address)
(Address)
<b>,</b>
(0)-10-1-57-1019
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2004)//01/2/1907/
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>CRAFTIES, L.L.C.</u> Name of I	Limited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Joseph Dylan Stackpole	Name of Person	
	CRAFTIES - A Craft Beer Bar	Firm/Company	
	5756 Nowling Drive	Address	
	Milton, Florida 32583	City/State and Zip Code	
<u>_d</u> ;	stack0780@yahoo.com E-mail address: (to be u	sed for future annual report notifica	ation)
For fur	ther information concerning this matter, p	elease call:	
<u>Dylan</u>	Stackpole at Name of Person	( <u>850</u> ) <u>712-9535</u> Area Code Daytime Te	lephone Number
	ed is a check for the following amount:  10 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	Dos \$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	Street/Courier Adda Registration Section Division of Corporat	

P.O. Box 6327 Tallahassee, FL 32314

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:		
CRAFTIES, L.L.C.		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5756 Nowling Drive Milton, FL. 32583	5756 Nowling Drive Milton, FL, 32583	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.)  The name and the Florida street address of the registered.	Registered Agent. You must designate an individual or n.)	
The name and the Florida street address of the registered and the Florida street address of the Florida street address of the Florida street and the Florida street address of the Florida street and the Florida street address of the Florida st	agent are:	
5756 Nowling Drive Florida street address (P.O. Box	NOT acceptable)	
Milton	FL 32583	
City	Zip	
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obli	rvice of process for the above stated limited liability company the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performany igations of my position as registered agent as provided for its er 605, F.S.	s ice
	31 10A	**************************************

Title:		Name and Address:	
"AMBR" = Authorize	ed Member		
"MGR" = Manager			
AMBR	_	Sara Elizabeth Stackpole	
		5756 Nowling Drive	
		Milton, FL. 32583	
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(Use attachment if nec	cessary)		
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ARTICLE IV-