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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EFFECTIVE DATE 9-22-14

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Paint Your Own Pottery 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:	
Colette Penberthy Name of Person	
M A Firm/Company	
187. W. Mitchell Hammock Rd.	
Oviedo, FL 32765 City/State and Zip Code	
F-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
For further information concerning this matter, please call: Colette Penberthy at (407) 952-1858 Name of Person Area Code Daytime Telephone Number 32	
Enclosed is a circle for the contowing amount.	
\$125.00 Filing Fee \$\bigcup \frac{1}{2}\$130.00 Filing Fee \& Certificate of Status \$\bigcup \frac{1}{2}\$155.00 Filing Fee \& Certificate of Status \& Certificate of Status \& Certificate of Status \& 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:
Paint Your Own Pottery LLC. (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 office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
187 W. Mitchell Hammock Rd. 21708 Hobby Horse In. Oviedo, FC 32765 Christmas, FC 32709
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Colette Penberthy
Florida street address (P.O. Box NOT acceptable)
Christmus FL 32709 City 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 605, F.S.
atte Punt
Registered Agent's Signature (REQUIRED)
(CONTINUED)
(CONTINUED) Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Men "MGR" = Manager	ıber	Name and Address:
	AMBR	Colette Penberthy Cowner 21708 Hobby Horse In.
V: Effective date, if other tive date is listed, the date	han the date of filing	: $9/22/19$. (OPTIONAL) d cannot be more than five business days prior to or $9/2$
V: Effective date, if other tetive date is listed, the date filling.)	han the date of filing must be specific an	· · · · · · · · · · · · · · · · · · ·
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V: Effective date, if other tetive date is listed, the date filling.) VI: Other provisions, if any Signat (In accordance wit constitutes an affir I am aware that an	han the date of filing must be specific an hand the specific and h	an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State