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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Lindy's, Precious Gifts LLC</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:	
	TotaiLegal	Name of Person	
		Name of Ferson	
	TotalLegal	Firm/Company	
	375 118th Ave SE, Ste 118		
		Address	
	Bellevue, WA 98005	City/State and Zip Code	
Li	Kowalczyk@aol.com E-mail address: (to be u	sed for future annual report notific	ation)
For fur	ther information concerning this matter, p	lease call:	
TotalL	egal at Name of Person	(<u>866</u>) <u>815-6840</u> Area Code Daytime Te	elephone Number
Enclos	ed is a check for the following amount:		
Z \$ 125.0	0 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	Street/Courier Add Registration Section	ress
	Division of Corporations	Division of Corpora	tions

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:		
Lindy's, Precious Gifts LLC		
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LL	.C.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Compan	y is:
Principal Office Address:	Mailing Address:	
573 Tigertail Ct.	573 Tigertail Ct.	
Marco Island, FL 34145	Marco Island, FL 34145	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registra The name and the Florida street address of the register Lindy Louise Kowalczyk	wn Registered Agent. You must designat ation.)	2015 JAN SECKCT/ TALLAHA
Na	me	20 SSEE
573 Tigertail Ct. Florida street address (P.O. I	Box NOT acceptable)	MIC OG OF STATE E. FLORIDA
Marco Island	FL 34145	₽
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Lindy Louise Kowalczyk
	573 Tigertail Ct.
	Marco Island, FL 34145
ective date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the date fective date is listed, the date must be sp of filing.) EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days
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