LISOSSIO

(Re	equestor's Name)	
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	WAIT	·
(Bu	isiness Entity Nan	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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MAR 30 2015

R. WHITE

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Carriage House Quilting and Emb		<u> </u>
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Cynthia G. Brown	N	
	Name of Person	
Carriage House Quilting and Embro	oldenz II.C	
Cornege Floure Quilding and Embly	Firm/Company	
95051 River Marsh Terrace		
	Address	·
Fernandina Beach, FL 32034	· /o	
C	ity/State and Zip Code	
chquilting@gmail.com	d for future annual report notifica	tion)
· ·	•	aion)
For further information concerning this matter, plea	ise call:	
Cynthia Brown at (9 Name of Person		lankan Nisaakan
Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	□\$155.00 Filing Fee &	☑\$160.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Addr	-Acc
Registration Section	Registration Section	
Division of Corporations	Division of Corporat	ions
P.O. Box 6327	Clifton Building	ar Cirola

Tallahassee, FL 32301

FILED

15 MAR 10 PM 1: 32 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

or "LLC.")
ompany is:
2034
ire: esignate an individual or

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

MGR" = Manager	Name and Address:
AMBR	Cynthia G, Brown
	95051 River Marsh Terrace
	Fernandina Beach, FL 32034
	Torriginal Bodon, 12 Dags
	· · · · · · · · · · · · · · · · · · ·
	
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V: Effective date, if other than the date of fictive date is listed, the date must be specific	iling: <u>4/1/15</u> . (OPTIONAL) c and cannot be more than five business days prior to or 9
CV: Effective date, if other than the date of fictive date is listed, the date must be specifif filing.)	iling: 4/1/15 (OPTIONAL) c and cannot be more than five business days prior to or 9
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Page 2 of 2