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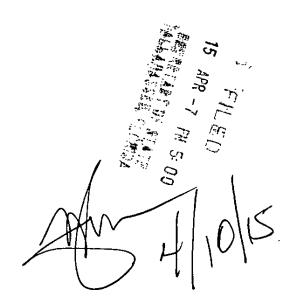
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Division of	n Section Corporations	•		
SUBJI	ECT: The Pev	vter Shoe Name of Li	mited Liability Con	npany	
The en	closed Articles	of Organization and fee(s) a	re submitted for fil	ing.	
Please	return all corre	espondence concerning this n	natter to the followi	ng:	
	Julie A. B	ellemare	Name of Person		
			Name of Person	1	
	The Pewt	er Shoe	F:(C	 	
			Firm/Company		
	700 Ocea	n Shore Blvd			· · · · · · · · · · · · · · · · · · ·
			Address		
	Ormond B	each, FL 32176			
		(City/State and Zip C	Code	
the	epewtershoe@g	mail.com E-mail address: (to be use	ed for future annual	report notifica	ation)
For fur	ther information	on concerning this matter, ple	ase call:		
Julie B	ellemare	at (573) 424-	75 <u>4</u> 1	
ounc D		ne of Person	Area Code		lephone Number
Enclos	ed is a check fo	or the following amount:			
3 \$125.0	00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Cop (additional copy	ý	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address		Courier Add	

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

ARTIC	LES OF ORGANIZATION FO	R FLORIDA LI	MITTED LIABII	LITY COMPANY
ARTICLE I - Name: The name of the Limited	Liability Company is:			
The Pewter Shoe L.L.C.				
(Mu	st end with the words "Limi	ted Liability C	ompany, "L.L	.C.," or "LLC.")
ARTICLE II - Address: The mailing address and s	street address of the principa	l office of the	Limited Liabil	ity Company is:
Principal Office Addres	<u>s:</u>	<u>Mailing</u>	Address:	
700 Ocean Shore Blvd			ean Shore Blv	
Ormond Beach, FL 3217	0	Ormono	Beach, FL 32	:176
	street address of the register	red agent are:		
	Na	me		
70	00 Ocean Shore Blvd			
F	florida street address (P.O. E	Box <u>NOT</u> acce	ptable)	
<u>o</u>	rmond Beach	FL	32176	
	City		Zip	
the place designated in capacity. I further agre	n this certificate, I hereby acc e to comply with the provisio familiar with and accept the	cept the appoint	ntment as regist es relating to th my position as	ove stated limited liability company at tered agent and agree to act in this he proper and complete performance registered agent as provided for in
9	July a Be Registered Agent's Sig	Cleman	UIRED)	
		, \ ,		

(CONTINUED)

Page 1 of 2

PH 5: 00

<u> Fitle:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Julie A. Bellemare
	700 Ocean Shore Blvd
	Ormond Beach, FL 32176
AMBR	Shannon Bellemare
	700 Ocean Shore Blvd
	Ormond Beach, FL 32176
(Use attachment if necessary)	
EV: Effective date, if other than the date	te of filing: April 2, 2015 . (OPTIONAL) pecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.)	
E V: Effective date, if other than the date ective date is listed, the date must be so of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	Decific and cannot be more than five business days prior to or Llemane member or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. The period of the document to the Department of State ormation submitted in a document to the Department of State

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Filing Fees:

FILEU

APR -7 PH S: 00