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COVER LETTER

TO: Registration Section Division of Corporations	7.	
SUBJECT: amazing Weave Studio 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:		
Amazing Weave Studio		
1700 W. Monroe St. 11-215		
Tallahassee FL 323 City/State and Zip Code Join Kin King @ gmail. com E-mail address: (to be used for future annual report not oficiation)	53	
For further information concerning this matter, please call:		
Kim King at (113) 409 42 Name of Person Area Code Daytime Telephone Number	<u>18</u> 7	
Certificate of Status Certified Copy (additional copy is enclosed) Cert	0.00 Filing Fec, ificate of Status & ified Copy onal copy is enclosed)	
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

 \bigcap

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
1700 N. Monroe St. 11-215 Tallahassee, FL 32303	1700 N. Monroe St. 11-215 Tallahassee, El 32303

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:

Kimberly King

Viame

1700 N. Monroe St. 11-215

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32303

Having been named as registered agent and to accept service with costs for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointmental registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proposition of any duties, and I am familiar with and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and accept the obligations of my position as regular and my position and

Registered

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(CONTINUED)

ARTICLE IV- The name and address of each person authorized	d to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Chery Moore 329 Demende Circle
MGK	Mariana, El 32333 Vimberly Moore-Ling 1700 N. Monroe 11-215
· · · · · · · · · · · · · · · · · · ·	Tallahassee, FL 32303
(Use attachment if necessary)	
the date of filing.)	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
This document is executed in a lam aware that any false inform	or an authorized representative of a member. secondance with section 605 0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
Kinberly	m. King 5
\$125.00 Filing Fee for Articles of Organiza	Filling Fees:
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	To The state of th