Division of Corporations **Electronic Filing Cover Sheet** 

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(((H160001741673)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SUNBIZ SUPPORT, LLC

Account Number : 120160000052

: (407)369-8000

: (407)992-8637

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\*

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## FLORIDA LIMITED LIABILITY CO.

The Knotted Stone, LLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$130.00

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age 2 of 3	AUDIT NUMBER: (((H16000174167 3)))
ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
THE KNC	OTTED STONE, LLC
ARTICLE II - Address: The mailing address and street address of the principal off	
Principal Office Address:	Mailing Address:
2631 Bougainvillea Street	2631 Bougainvillea Street
Sarasota, FL 34239	Sarasota, FL 34239
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)  The name and the Florida street address of the registered as	legistered Agent. You must designate an individuation
	Support, LLC
	akeside Drive
Montver	de, FL 34756
place designated in this certificate, I hereby accept the appoint further agree to comply with the provisions of all statutes release familiar with and accept the obligations of my position as Gina Jenkins,	c of process for the above stated limited liability company at the intment as registered agent and agree to act in this capacity. I along to the proper and complete performance of my duties, and I registered agent as provided for in Chapter 605, F.S

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ARTICLE IV- The name and address of each	person authorized to manage and control the Limited Liability Company:	
<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Mem	DET	
"MGR" = Manager AR	KATHLEEN SCHULTE	
AK	2631 Bougainvillea Street	
	Sarasota, FL 34239	
	****	
AR	Jennifer Gerkin ≥ 🕜	<del></del>
	2381 Seattle Slew Drive	
	Sarasota, FL 34240	
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(Use attachment if necessary)		
(If an effective date is listed, the date the date of filing.)		
Jewelry manufacturing.		<del></del>
Jeweny manufacturing.		
REQUIRED SIGNATURE		
Electronic	Signature: //S// Kathleen Schulte	
This docume I am aware il	are of a member or an authorized representative of a member. at is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.	
	Kathleen Schulte	
	Typed or printed name of signee	

AUDIT NUMBER: (((H16000174167 3)))