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(Requestor's Name)			
(Address)			
(Address)	<u></u> -		
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	i		
Special Instructions to Filing Officer:			
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09/19/16--01042--021 **130.00



COVER LETTER

	Registration Section Division of Corporations					
SUBIEC	I'll Do The Quilting, LLC					
Name of Limited Liability Company						
The enclo	osed Articles of Organization and fee(s)	are submitted t	or filing.			
Please re	turn all correspondence concerning this	matter to the fo	llowing:			
	Terry R. Kroggel					
		Name of I	Person			
	Terry R. Kroggel, PA					
	Firm/Company					
	13902 N. Dale Mabry Hwy, Suite 106					
		Addre	ss			
	Tampa, FL 33618					
	Terry@Kroggel-CPA.Com	City/State and	Zip Code			
	E-mail address: (to be us	ed for future ar	unual report notification	on)		
For further	information concerning this matter, plea	ase call:	·			
	Terry R. Kroggel	813	355-1724			
	Name of Person	Area Code	Daytime Telephone	Number		
Enclosed	is a check for the following amount:					
	Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee & Certificate of Status	LCertifie) Filing Fee & d Copy l copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	I I	Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Center			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ity Company is:			
I'll Do The Quilting, (Must end	, LLC with the words "Limited	Liability Company	, "L.L.C.," or "LLC.	")
ARTICLE II - Address: The mailing address and street a	iddress of the principal of	fice of the Limited	Liability Company i	is:
<u>Princip</u>	oal Office Address:		Mailing A	Address:
4937 Garland Branc Dover, FL 33527	h Rd.		7 Garland Branch Rd er, FL 33527	<u>l.</u>
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	Registered Agent. 'n.)		un individual or
	12002 N. Dolo Mohm			
13902 N. Dale Mabry Hwy, Suite 106 Florida street address (P.O. Box NOT acceptable)				
	Tampa, FL 33618			
	City	State	Zip	_
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	e, I hereby accept the appo rovisions of all statutes re	ointment as register lating to the proper	ed agent and agree to and complete perfor as provided for in Cha	o act in this capacity. I mance of my duties, and I

Page 1 of 2

(CONTINUED)

SECRETARY OF SERTE

19 PN 2: 38

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager MBR MGR	Alice M. Oelslager 4937 Garland Branch Rd. Dover, FL 33527			
	filing: (OPTIONAL)			
the date of filing.)	fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records.			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	1 Aelslager			
This document is executed I am aware that any false in	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.			
Alice M. Oelslager	Typed or printed name of signee			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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