

L16000 184 029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

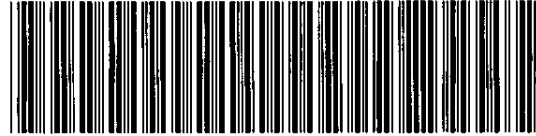
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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C. GOLDEN

OCT - 4 2016

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16 OCT -4 PM 2:59  
FILED  
16 OCT -4 PM 6:11

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:** 10/4 Glinda

**XX** CERTIFIED COPY

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LLC

1. **TWISTED SPOON, LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

FILED  
OCT 4 11 46 AM '11

**Articles of Organization  
For  
Twisted Spoon, LLC  
Florida Limited Liability Company**

FILED  
16 OCT -6 PM 4:11

**ARTICLE I - Name:**

The name of the Limited Liability Company is Twisted Spoon, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

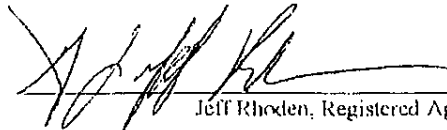
4265 A1A South, Suite A  
Saint Augustine, FL 32080

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Jeff Rhoden  
4265 A1A South, Suite A  
Saint Augustine, FL 32080

*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.*



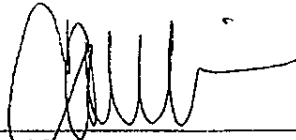
Jeff Rhoden, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Jeff Rhoden  
4265 A1A South, Suite A  
Saint Augustine, FL 32080

Anne Marie Rhoden  
4265 A1A South, Suite A  
Saint Augustine, FL 32080



Carol Brown, Organizer