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SECRETARE OF STATE
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COVER LETTER

	w Filing Section vision of Corporations
CHRIECT.	Penmanship Pens, LLC
SUBJECT	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Lisa Little
	Name of Person
	Firm/Company
	17505 Vallybrook Avenue
	Address
	Port Charlotte, FL 33954
	City/State and Zip Code
<u>-</u>	isaljpc@gmail.com E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Lisa Little 941 626.6778
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$ 125.00 Fi	ling Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabi	lity Company is:			
Penmanship Pens,	LLC			
	ntain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	address of the principal of	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
17505 Vallybrook Avenue		1750	17505 Vallybrook Avenue	
Port Charlotte, FL	33954	Port	Port Charlotte, FL 33954	
another business entity with a	ny cannot serve as its own n active Florida registration	Registered Agent. `on.)	nt's Signature: You must designate an individual or	
(The Limited Liability Compar another business entity with a	ny cannot serve as its own n active Florida registration	Registered Agent. `on.)		
(The Limited Liability Compar another business entity with an	ny cannot serve as its own n active Florida registration	Registered Agent. on.) d agent are:		
(The Limited Liability Compar another business entity with a	ny cannot serve as its own n active Florida registration et address of the registered	Registered Agent. `on.)		
(The Limited Liability Compar another business entity with a	ny cannot serve as its own n active Florida registration et address of the registered	Registered Agent. on.) d agent are: Name		
	ny cannot serve as its own active Florida registration active florida registration at address of the registered Lisa Little	Registered Agent. on.) d agent are: Name	You must designate an individual or	
(The Limited Liability Comparanother business entity with an	ny cannot serve as its own n active Florida registratio et address of the registered Lisa Little 17505 Vallybrook A	Registered Agent. on.) d agent are: Name	You must designate an individual or	

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 as provided for in Chapter 605, F.S..

(CONTINUED)

SECRETARY OF STATE

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Member	Lisa Little
	17505 Vallybrook Avenue
	Port Charlotte, FL 33954
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	(OPTIONIAL)
the date of filing.)	d cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department of State's	s records.
ARTICLE VI: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	
REOUIRED SIGNATURE:	
\mathcal{A}^{\prime}	X + Al
Signature at a member of	an authorized representative of a member.
This document is executed in acc	cordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false informa	tion submitted in a document to the Department of State
constitutes a third degree felony a	is provided for in s.817.155, F.S.
Lisa Little	
Typed	or printed name of signee
	Filing Fees:
\$125.00 Filing Fee for Articles of Organization	
\$ 30.00 Certified Copy (Optional)	2.0 7
\$ 5.00 Certificate of Status (Optional)	# # # # # # # # # # # # # # # # # # #
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