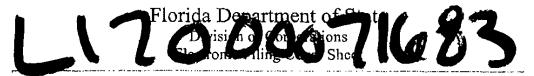
3/31/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

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

Email	Address:	

FLORIDA LIMITED LIABILITY CO.

The Stitchin' Seahorse, LLC

Certificate of Status	0
Certified Copy	1
Page Count	. 06
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

COVER LETTER

	Registration Section Division of Corporations				
SUBJECT	The Stitchin' Seahorse, LLC				
SOUTE	· · · · · · · · · · · · · · · · · · ·	Limited Liabili	ty Company		
The enclo	sed Articles of Organization and fee(s) are submitted	for filing.		
Please ren	arn all correspondence concerning this	s matter to the fe	ollowing:		
	Cheyenne Moseley, Legalzoom.com	m, Inc.			
		Name of	Person		
	Legalzoom.com, Inc.				
	Firm/Company				
	101 N. Brand Blvd., 10th Floor				
	Address				
	Glendale, CA 91203				
	onlinefilings@Legalzoom.com	City/State and	l Zip Code		
	E-mail address; (to be u	sed for future as	nnual report notification)		
For further	information concerning this matter, pl	case call:			
	Cheyenne Moseley	323	962-8600 ext. 7625		
	Name of Person	Area Code	Daytime Telephone Number		
Enclosed i	s a check for the following amount:				
\$ 125,00 F	tiling Fee & Certificate of Status	Cortifie	D Filing Fee & \$160.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314) (Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Stitchin' Scahorse, LLC

(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 Limited Liability Company is:

Principal	Office	Address.
LIBICIDAL	Omice	Muui tas.

Mailing Address:

806 E. 3rd Ave

New Smyrna, FL 32169

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:

ANTHONY PINIZZOTTO, P.A

Name

3959 S. Nova Rd. Stc. 23

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

Port Orange

Florida

City

State

Zip

gnature (REQUIRED)

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)

Page I of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	•
AMBR	Kylene E. Clark
	806 E. 3rd Ave.
	New Smyrna, FL 32169
AMBR	Kenneth W. Clark
	806 E. 3rd Avc.
	New Smyrna, FL 32169
(Use attachment if necessary)	
LRV. Effective date if other than the da	te of filing:
fective date is listed, the date must be s	pecific and cannot be more than five business days prior to or 90 days s
If the date inserted in this block does not ument's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be list tof State's records.
LE VI: Other provisions, if any.	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Cheyenne Moseley, Legalzoom.com, Inc.
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)