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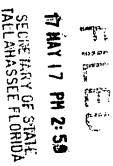
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(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
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Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							
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11. 5/18/17

COVER LETTER

	New Filing Section Division of Corporations							
CHDIE	Oh Sew Sweet Fabric Shoppe	, LLC						
SUBJECT: Name of Limited Liability Company								
The encl	osed Articles of Organization and fee(s) are submitted	for filing.					
Please re	eturn all correspondence concerning th	is matter to the	following:					
	Whitney Kiehn							
		Name of	Person					
	Oh Sew Sweet Fabric Shoppe							
	Firm/Company							
	PO Box 217							
		Addr	ess					
	Dunedin, FL 34698							
	ossfabricshoppe@gmail.com	City/State an	d Zip Code					
		used for future a	annual report notification)					
For furthe	r information concerning this matter, p	lease call:						
	Whitney Kiehn	727 t (861-9601					
	Name of Person	Area Code	Daytime Telephone Number					
Enclosed	d is a check for the following amount:							
	Filing Fee \$130.00 Filing Fee Certificate of Statu	s Certifi	20 Filing Fee & \$\ \text{solution} \$160.00 Filing Fee, \\ \text{Certificate of Status & } \\ \text{Certified Copy} \\ \text{(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 Liability	Company is:					
Oh Sew Sweet Fabric		Liability Comm	any, "L.L.C.," or "LLC.")			
(Must conta	in the words "Limited	Liability Comp	any, "L.L.C., or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Lin	nited Liability Company is	:		
<u>Principa</u>	l Office Address:		Mailing A	ddress:		
652 Bay Lake Trl			PO Box 217			
Oldsmar, FL 34677			Dunedin, FL 34698			
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 individuant another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:					YAH TI	भाषश् _ष क
	Whitney Kiehn			ASS	7	Sant of
Name					70	ENET IN
	2206 Webb Ave				7	[] [24] +41
Florida street address (P.O. Box NOT acceptable)					ယ္	1
	Dunedin	FL	34698		= .	
	City	State	Zip			

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Katie Steffens AMBR 652 Bay Lake Trl Oldsmar, FL 34677 Whitney Kiehn **AMBR** PO Box 217 Dunedin, FL 34698 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REOUIRED 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.

Whitney Kiehn

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)