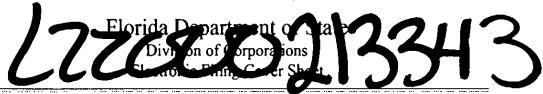
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: PLANETPOLY@GMAIL.COM

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FLORIDA LIMITED LIABILITY CO.

GoldenStitches LLC

Certificate of Status	1
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Help

14154847068

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Golden	Stitches 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 pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2045 SE Twin Bridge Circle	2045 SE Twin Bridge Circle
Ocala, FL 34471	Ocala, FL 34471
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re Richard Diamond	s its own Registered Agent. You must designate an individual or egistration.)
2045 SE Twin Brid	dge Circle
	P.O. Box NOT acceptable)
Ocala	FL 34471
City	Zip
the place designated in this certificate, I here capacity. I further agree to comply with the pr	accept service of process for the above stated limited liability company at by accept the appointment as registered agent and agree to act in this ovisions of all statutes relating to the proper and complete performance pt the obligations of my position as registered agent as provided for in Chapter 605, F.S.

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(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Richard Diamond
AWDIX	2045 SE Twin Bridge Circle
	Ocala, FL 34471
AMBR	Catherine Golden
	2485 Locust Road
	Fort Scott, KS 66701

(Use attachment if necessary)	
(Use attachment if necessary)	
LE V: Effective date, if other than the d	iate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the d fective date is listed, the date must be of filling.)	
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LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this documen under the penalties of perjury that the facts stated herein are true.
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