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Special Instructions to	Filing Officer:	

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COVER LETTER

10: New Filing Section Division of Corporations	
SUBJECT: JOWING Wonder Name of Limited Liabil	and, LLC ity Company
The enclosed Articles of Organization and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the f	ollowing:
Maria Paso Name of	441
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Fi (O	
Firm/Co	mpany
26526 CC Lar	16
Addre	
Wesley Chapel,	FL 33544
mariapasotti 6	Paol.com
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter, please call:	
Maria Pasotti at 305 Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certifie	.00 Filing Fee & Status & Centificate of Status & Centified Copy (additional copy is enclosed)
Mailing Address	street Address
New Filing Section	New Filing Section Division
Division of Comorations 7	he Centre of Tallahassee

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Sowing Wonderland, LLC (Must contain 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: Mailing Address:
26526 C C Lane 26526 C C Lane Wesley Chapel, FL 33544 Wesley Chapel, FL 33544
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:
<u>Maria Pasotti</u>
Name
26526 CC Lane
Florida street address (P.O. Box NOT acceptable)
Wesley Chapel FL 33544
City State Zip
aving been named as registered agent and to accept service of process for the above stated limited liability company at the accedesignated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I in 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)

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ARTICLE IV-

• •

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	Maria Operalli		
MGK	Maria Pasotti		
	20526 CCIANE		
	Wesley Chaper, FL 33544		
			
-			

(Use attachment if necessary)			
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