

L95000000485

CAPIT. L CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 22 PM 1:24

OK 6/22/95

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <i>AAC</i>	_____	_____	_____

WALK-IN Will Pick Up *6022 1202*

RE: First Impressions
Embroidery, L.C.

	G.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File <u>LC</u>		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input checked="" type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
400001526044		
<input type="checkbox"/> Name Reservation	-05/28/95--01075--019	
<input type="checkbox"/> Annual Report/Reinstatement	***337.50	***337.50
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () _____ pgs.		
SUBTOTALS _____		

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF ORGANIZATION

OF

FIRST IMPRESSIONS EMBROIDERY, L.C.

a Florida Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 PM 1:24

FIRST: The name of the Limited Liability Company shall be FIRST IMPRESSIONS EMBROIDERY, L.C. (hereinafter referred to as the "Company").

SECOND: The mailing address and street address of the principal office of the Limited Liability Company is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

THIRD: The duration of the Company's existence shall be THIRTY (30) years from the date of filing of the Articles of Organization.

FOURTH: The purposes for which the Company is organized are the production and sale of embroidered products as well as any and all other lawful purposes for which a Limited Liability Company may be organized pursuant to the laws of the State of Florida and the United States.

FIFTH: The Company shall be managed by its Managers and the names and addresses of such Managers are Ronald L. Thomas whose address is 4553 Del Sol Boulevard South, Sarasota, Florida 34243 and Doris P. Thomas 4553 Del Sol Boulevard South, Sarasota, Florida 34243.

SIXTH: Company shall be initially authorized and empowered to issue one class of Membership Unit.

SEVENTH: The total amount of initial cash contributed to the Company shall be TEN THOUSAND DOLLARS (\$10,000.00). There are no obligations for Members to make additional contributions to the Company.

EIGHTH: By majority vote of authorized and outstanding Membership Units, the Members may agree to admit additional Members to join the Company and establish the terms of their contributions to join.

NINTH: In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members may continue the business thereof.

TENTH: Whenever a Member or his legal representative requests a step-up election under Section 754 of the Internal Revenue Code as the same may be amended from time to time, such election shall be made as all Members of the Limited Liability Company, upon subscription for units therein, hereby irrevocably consent to such election when requested by any other Member.

ELEVENTH: Whenever income is earned by the Company, there shall be, at a minimum, sufficient distribution of income to its Members to allow them to pay, on a timely basis, all of their U.S. Federal, State and local tax liabilities imposed by virtue of their membership interest in the Company.

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DIVISION OF CORPORATIONS

TWELFTH: We hereby form the Company and agree to serve as Initial Managers thereof.

95 JUN 22 PM 1:24


RONALD L. THOMAS



DORIS P. THOMAS

THIRTEENTH: Pursuant to the provisions of Section 608.415, Florida Statutes, the Company designates the name and address of its Registered Agent and office as follows:

Stanley A. Goldsmith
1605 Main Street
Suite 1001
Sarasota, Florida 34236

FOURTEENTH: To the Managers of First Impressions Embroidery, L.C.

Having been named as Registered Agent and to accept Service of Process for the Company at the place designated in these Articles, 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 am familiar with and accept the obligations of my position as Registered Agent.

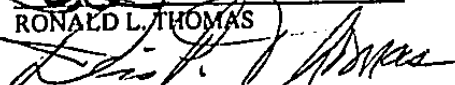

STANLEY A. GOLDSMITH
1605 Main Street
Suite 1001
Sarasota, Florida 34236

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned Members or authorized representatives of Members of First Impressions Embroidery, L.C. depose and say:

1. The above-named Limited Liability Company has at least TWO (2) members.
2. The total amount of initial cash to be contributed by the Members is TEN THOUSAND DOLLARS (\$10,000.00). There is no obligation of Members to contribute additional cash to the Company.
3. There is no property other than cash contributed by Members.
4. The total amount of cash or property anticipated to be contributed by Members is TEN THOUSAND DOLLARS (\$10,000.00). This includes amounts from (2) and (3) above. There is no obligation for Members to make additional contributions.


RONALD L. THOMAS


DORIS P. THOMAS

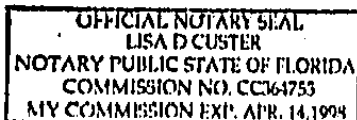
STATE OF FLORIDA)
COUNTY OF SARASOTA) ss:

The foregoing Articles of Organization and Affidavit of Membership and Contributions were acknowledged before me this 21 day of June, 1995 by RONALD L. THOMAS as Initial Member of First Impressions Embroidery, L.C. and the Articles of Organization were acknowledged before me by RONALD L. THOMAS as an Initial Manager of First Impressions Embroidery, L.C. He is personally known to me or has produced RL DL as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

Lisa D. Custer
Signature of Notary Public

Lisa D. Custer
Print Name of Notary Public

I am a Notary Public of the State of Florida
and my commission expires on
4/14/98

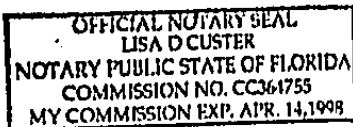


The foregoing Articles of Organization and Affidavit of Membership and Contributions were acknowledged before me this 21 day of June, 1995 by DORIS P. THOMAS as an Initial Member of First Impressions Embroidery, L.C. and the Articles of Organization were acknowledged before me by DORIS P. THOMAS as an Initial Manager of First Impressions Embroidery, L.C. She is personally known to me or has produced RL DL as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

Lisa D. Custer
Signature of Notary Public

Lisa D. Custer
Print Name of Notary Public

I am a Notary Public of the State of Florida
and my commission expires on
4/14/98

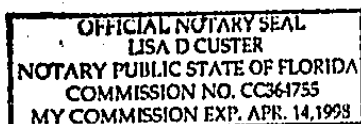


The foregoing Articles of Organization of First Impressions Embroidery, L.C. were acknowledged before me this 21 day of June, 1995 by STANLEY A. GOLDSMITH as Registered Agent. He is personally known to me or has produced _____ as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

Lisa D. Custer
Signature of Notary Public

Lisa D. Custer
Print Name of Notary Public

I am a Notary Public of the State of Florida
and my commission expires on
4/14/98



L95000000485

Sunset Embroidery, L.C.
153 N. Tamiami Trail
Osprey, FL 34229
941-966-2295 FAX: 941-966-0168

January 12, 1996

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

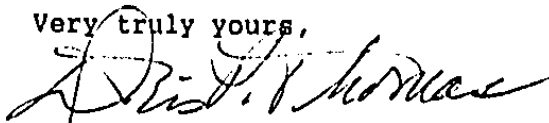
000001691720
-01/18/96--01039--004
****105.00 ****105.00

Dear Sir/Madam:

Enclosed please find a Certificate Of Amendment to Articles Of Organization of First Impressions Embroidery, L.C. changing its name only to Sunset Embroidery, L.C. Also enclosed is our Check No. 2274 in the amount of \$105.00 to cover the cost of filing along with a Certified Copy of same.

Thank you in advance for your assistance in getting this document processed.

Very truly yours,


Doris Thomas

DT:
encls.

SH 1/4
NC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 17 PM 1:45

**CERTIFICATE OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FIRST IMPRESSIONS EMBROIDERY, L.C.

(Present Name)

(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was JUNE 22, 1995

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

By a majority vote of authorized and outstanding membership units, the members agree to change the name of the Limited Liability Company from First Impressions Embroidery, L.C. to Sunset Embroidery, L.C. effective January 15, 1996.

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DIVISION OF CORPORATIONS
96 JAN 17 PM 1:45

Dated January 12, , 19 96 .



Signature of a member or authorized representative of a member

Ronald L. Thomas, Member and Manager

Typed or printed name of person signing

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

06 APR 24 1110:53

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$238.75 Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000485

SUNSET
FIRST-IMPRESSIONS-EMBROIDERY, L.C.
1605-MAIN-STREET, SUITE-1001
SARASOTA-FL-34236

1a. Principal Place of Business Address

1605-MAIN-STREET, SUITE-1001
SARASOTA-FL-34236

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2 Principal Place of Business
153 NO. TAMiami TRAIL
Suite, Apt. #, etc.

2a. Mailing Address
153 N. TAMiami TRAIL
Suite, Apt. #, etc.

3. Date Organized or Qualified

06/22/1995

3a. State of Formation

FL

4. FLE Number

65-0589223

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ Additional Fee Required ☐

City & State
OSPREY, FL
Zip
34229
County

City & State
OSPREY, FL
Zip
34229
County

7. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A
1605 MAIN STREET, SUITE 1001
SARASOTA FL 34236

8. Name and Address of New Registered Agent

Name

RON THOMAS

Street Address (P.O. Box Number is Not Acceptable)

4553 DEL SOL BLVD, SO.

Suite, Apt. #, etc.

City

SARASOTA

FL

Zip Code

34243

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

RON THOMAS

DATE

4-22-96

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	THOMAS, RONALD L	4553 DEL SOL BLVD., SOUTH	SARASOTA FL
MGR	THOMAS, DORIS P	4553 DEL SOL BLVD., SOUTH	SARASOTA FL

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-05/02/96--01083--002
***238.75 ***238.75

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

RON THOMAS

DATE

4-22-96 941-766-2225

SIGNATURE (REQUIRED) OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER

Date

Daytime Phone #

00