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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

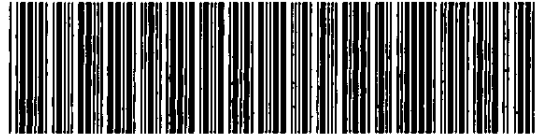
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 MAY 21 AM 10:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR
MAY 24 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NovelHelp, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia Jackson

Name of Person

Firm/Company

Firm/Company

8437 Tuttle Avenue, #406

Address

Sarasota, Florida 34243

City/State and Zip Code

claudia.jackson@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Jackson

Name of Person

at (941) 993 3638

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

10 MAY 21 AM 10:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

May 18, 2010

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles to Form a Limited Liability Company

Dear Sir/Madam:

Please find enclosed the forms to apply for a Florida Limited Liability Company, to be named, NovelHelp, LLC. Also enclosed is a check for \$160.00 for filing fees.

If you have any questions, please feel free to contact me at (941) 993-3638 or Steve Jackson at (941) 993-3993.

Your attention to this matter is appreciated.

Best regards,



Claudia Jackson

8437 Tuttle Avenue, #406
Sarasota, FL 34243

Email: Claudia.jackson@mac.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NovelHelp, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

10 MAY 21 AM 10:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3080 Grand Bay Blvd. #524
Longboat Key, Florida 34228

Mailing Address:

8437 Tuttle Avenue, #406
Sarasota, FLorida 34243

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.)

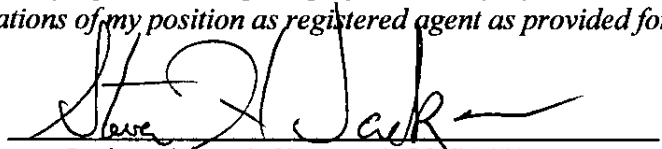
The name and the Florida street address of the registered agent are:

Steven H Jackson
Name

8437 Tuttle Avenue, #406
Florida street address (P.O. Box **NOT** acceptable)

Sarasota, FL 34243 FL
City, State, and 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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Steven H Jackson
8437 Tuttle Avenue, #406
Sarasota, Florida 34243


MGRM

Claudia Jackson
8437 Tuttle Avenue, #406
Sarasota, FL 34243

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Claudia Jackson

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)