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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

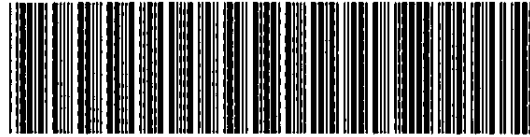
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mamma Lou Publishing 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:

Merrie Lou Beard
Name of Person

Mamma Lou Publishing LLC
Firm/Company

4933 SE 40th Terrace
Address

Ocala, FL 34480
City/State and Zip Code

merrielloub@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Merrie Lou Beard at (352) 286-9289
Name of Person 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

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Merrie Lou Beard
4933 SEW 40th Terrace
Ocala, FL 34480

AMBR

James I. Beard
4933 SE 40th Terrace
Ocala, FL 34480

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 1, 2014 . (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.)

ARTICLE VI: Other provisions, if any.
The purpose of Momma Lou Publishing LLC shall be to publish written and auditoru material.

REQUIRED SIGNATURE:

Merrie Lou Beard

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Merrie Lou Beard
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)

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA