

# L020000028335

1963 Michigan Avenue NE  
St. Petersburg, FL 33703  
October 7, 2002

500008355175--9  
-10/14/02--01029--002  
\*\*\*\*125.00 \*\*\*\*125.00

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

To Whom It May Concern:

Enclosed are the following items required to form Mother's Helper LLC:

- Articles of Organization
- Check number 1330 for \$125.00

As required, here is my name, address and daytime phone number:

Laurie Faraone  
1963 Michigan Avenue NE  
St. Petersburg, FL 33703  
727-528-8369

FILED  
02 OCT 24 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If you have any questions or require additional information, please do not hesitate to call me.

Sincerely,



Laurie C. Faraone

L02-28335  
OK



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

October 15, 2002

LAURIE FARAONE  
1963 MICHIGAN AVENUE NE  
ST. PETERBURG, FL 33703

SUBJECT: MOTHER'S HELPER, LLC  
Ref. Number: W02000029670

We have received your document for MOTHER'S HELPER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 702A00057406

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TALLAHASSEE, FLORIDA

02 OCT 24 AM 8:36

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Mother's Helper, LLC

**ARTICLE II - Address:**

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

1963 Michigan Ave NE  
St Pete FL 33703

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Laurel C Faraone

Name

1963 Michigan Ave NE

Florida street address (P.O. Box **NOT** acceptable)

St Pete FL 33703

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.*

Laurel C Faraone

Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laurel C Faraone

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.)

Laurel C Faraone

Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 OCT 21 AM 8:36

FILED