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LEO & BROOKS, LLC

ATTORNEYS AT LAW
200 RANDOLPH AVENUE
SUITE 200
HUNTSVILLE, ALABAMA 35801
(256) 539-6000
FAX: (256) 539-6024

Morris J. "Mo" Brooks, Jr. Todd W. Burkett Karl W. Leo JAMES A. PHILIPS

September 17, 2003

PLEASE REFERENCE OUR FILE NUMBER ON ALL

CORRESPONDENCE

JEFF ARMSTRONG, LAW CLERK GLENDA J. MORRIS, CPA

VIA FEDERAL EXPRESS

Florida Department of State Registration Section Divisions of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re:

Girl to Girl, LLC Articles of Organization

Our File No.: 2492-001

Dear Sir/Madam:

Please find enclosed for filing Articles of Organization for Florida Limited Company for Girl to Girl, LLC. Also enclosed is our firm's check in the amount of \$125.00 to cover the cost of this filing (\$100.00 filing fee and \$25.00 fee for designation of registered agent).

Very truly yours,

LEO & BROOKS, LLC

Todd M- Butetto

By: Todd W. Burkett

TWB:bmd

o:wp51/client2003/girltogirl/flstatedepartltr

TRANSMITTAL LETTER

	•		
TO: Registration Section Division of Corporations	=		
SUBJECT: Girl to Girl, LLC			
(Name of Lim	ited Liability Company)		
The enclosed Articles of Organization and fe	ec(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
	7		
Todd W. Burkett			

(Name of Person)			
Leo & Brooks, LLC			
(Firm/Company)			
(Land Company)			
200 Randolph Ave., Suite 200			
(Address)			
Huntsville, AL 35801			
(City/State and Zip Code)			
For further information concerning this matte	er, nlease call:		
3			
Todd W. Burkett	at (256) 539-6000		
(Name of Person)	at (236) 335-0000 (Area Code & Daytime Telephone Number)		
	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
9 E. Gaines Street P.O. Box 6327			
Tallahassee, Florida 32399	Tallahassee, Florida 32314		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Composited to Girl, LLC	any is:			
ARTICLE II - Address: The mailing address and street address of	f the principal	office of the Limit	ed Liability Company	is:
Principal Office Address:		Mailing Addres	<u>s:</u>	
18902 Avenue Biarritz	<u>_</u>	18902 Avenue B	iarritz	
Lutz, Florida 33558		Lutz, Florida 335	58	
_				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				
	71 the 10810th	a neorge	ù d e	
Kara Stecker		·	· 考示	
	Name			
18902 Avenue Bia	arritz 🌉		₩ ₩	
Florida street addı	ress (P.O. Box N	QT acceptable)		
Lutz,		3558	mary.	
City	, State, and Zip			
Having been named as registered agent a liability company at the place designated registered agent and agree to act in this a statutes relating to the proper and comple accept the obligations of my position as references.	in this certifica capacity. I furt ete performanc	nte, I hereby accept her agree to comply e of my duties, and t as provided for in	the appointment as v with the provisions of I am familiar with and	f <i>all</i>
			TAL SE	03

Page 1 of 2

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Kara Stecker
	18902 Avenue
	Lutz, FL 33558 _
MGR	Trinity Sullivan-Twining
	430 12th Street Idaho Falls, ID 83404
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	Ath
Signature of a Knember	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.)

Kara Stecker, Member

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)