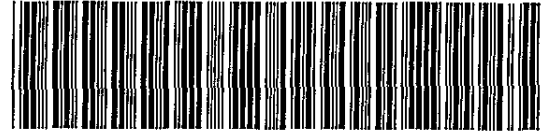


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04 JAN 16 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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10/15/03--01039--011 **160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

FILED

04 JAN 16 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 23, 2003

PATRICIA GLOVER
2811 MONCRIEF RD.
JACKSONVILLE, FL 32209

SUBJECT: HONEY BABES HOUSE OF COMFORT, LLC
Ref. Number: W03000030901

We have received your document for HONEY BABES HOUSE OF COMFORT, LLC and your check(s) totaling \$160.00. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 903A00057931

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

04 JAN 16 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Honey Babes House of Comfort, 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:

Patricia Glover
(Name of Person)

Honey Babes House of Comfort, LLC
(Firm/Company)

2811 Mancrief Rd.
(Address)

Jacksonville, FL 32209
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Glover at (904) 7647470
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

04 JAN 16 PM 12:00

ARTICLE I - Name:

The name of the Limited Liability Company is:

Honey Babies House of Comfort, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

2811 Moncrief Rd.
JAX, FL 32209

Mailing Address:

1638 W. 27th St.
JAX, FL 32209

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

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

Patricia Glover
Name

1638 W. 27th St.
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville FL 32209
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..

Patricia G. Glover
Registered Agent's Signature

(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

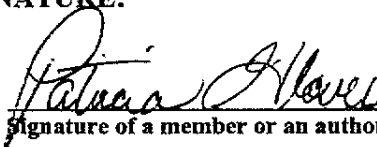
"MGRM" = Managing Member

Name and Address:

(Use attachment if necessary)

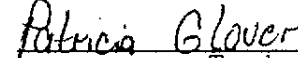
NOTE: An additional article must be added if an effective date is requested.

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.)



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)

FILED

04 JAN 16 PM 12:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA