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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Francis GAVE

AUTHORIZATION BY PHONE TO

CORRECT Name by adding LLC

DATE 1/21/04 @ 12:45pm

DOC. EX. J. Bryan

J. BRYAN JAN 22 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bathtub Magic
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

David Owen Powell
(Name of Person)

Bathtub Magic
(Firm/Company)

1519 14th Avenue North
(Address)

Lake Worth, FL 33460
(City/State and Zip Code)

For further information concerning this matter, please call:

David O. Powell at (561) 586 8623
(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**

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DIVISION OF CORPORATIONS
& ALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bathtub Magic LLC

ARTICLE II - Address:

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

Principal Office Address:

David O. Powell

1519 14th Avenue North,

Lake Worth, FL 33460

Mailing Address:

Bathtub Magic

P.O. BOX 15416

West Palm Beach, FL 33416

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

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

David O. Powell

Name

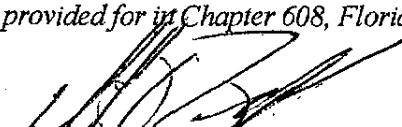
1519 14th Avenue North,

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

Lake Worth, FLORIDA 33460

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, Florida Statutes..



Registered Agent's Signature

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

Marika B. Powell

1519 14th Avenue North

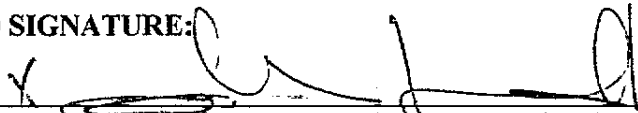
Lake Worth, FLORIDA 33460

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

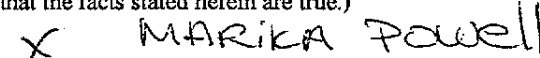
NOTE: An additional article must be added if an effective date is requested.

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)