

L04000044164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

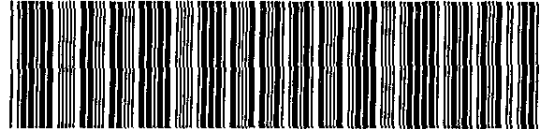
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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6-11-04

**TRANSMITTAL LETTER**

To: Registration Section, Limited Liability Company, Division of Corporations

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

IT'S ALL ABOUT ME, LLC.  
10501 MARY LOU DRIVE  
ORLANDO, FL 32825

For further information concerning this matter, please call:

Kerri Hearsey at (407) 381-2120

APPROVED  
FILED  
MAY JUN -9 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
IT'S ALL ABOUT ME, LLC.**

The undersigned subscriber to this Limited Liability Company, a natural person competent to contract, hereby forms a LLC under the laws of the State of Florida.

**ARTICLE I. NAME**

The name of this LLC shall be: IT'S ALL ABOUT ME, LLC.

**ARTICLE II. MAILING ADDRESS OF LLC**

The principal place of business and mailing address of this LLC shall be:

IT'S ALL ABOUT ME, LLC.  
10501 MARY LOU DRIVE  
ORLANDO, FL 32825

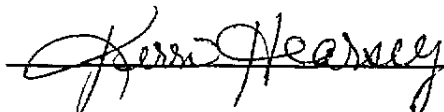
**ARTICLE III. REGISTERED AGENT**

The street address of the registered office of the LLC shall be:  
10501 MARY LOU DRIVE  
ORLANDO, FL 32825

The name of the registered agent of the LLC shall be:  
KERRI HEARSEY

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, FS.

Signature of registered agent



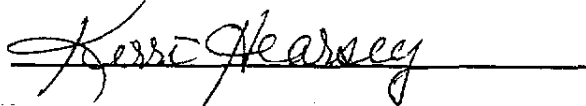
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

#### ARTICLE IV. MANAGER/MANAGING MEMBER

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

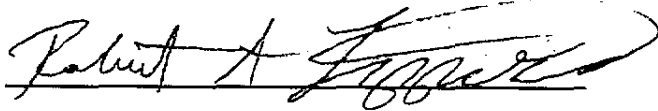
Kerri Hearsey            MGR  
3530 Hollow Oak Run  
Oviedo, FL 32766

Signature:

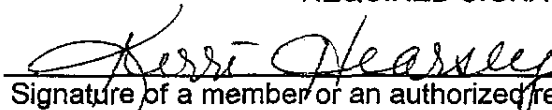


Robert A. Lippolis      MGRM  
8 Periwinkle Court  
Smithtown, NY 11787

Signature:



#### 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.)

Kerri Hearsey

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA