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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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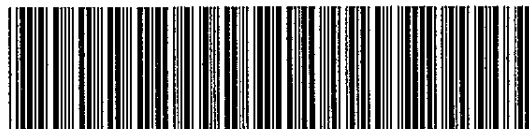
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

LO4-47055
OR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TABATHA BRYANT, LLC Tabatha C. Bryant 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:

TABATHA BRYANT Tabatha C. Bryant
(Name of Person)

TABATHA BRYANT, LLC Tabatha C. Bryant LLC
(Firm/Company)

1802 PEYTON DRIVE

(Address)

PENSACOLA, FL 32503

(City/State and Zip Code)

For further information concerning this matter, please call:

TABATHA BRYANT at (850) 436-4029 or 232-3011
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TABATHA BRYANT, LLC

ARTICLE II - Address:

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

Principal Office Address:

1802 PEYTON DRIVE
PENSACOLA, FL 32503

Mailing Address:

1802 PEYTON DRIVE
PENSACOLA, FL 32503

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

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

TABATHA BRYANT

Name

Tabatha C. Bryant

1802 PEYTON DRIVE

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

PENSACOLA

FL 32503

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.

Tabatha C. Bryant

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:

MGRM

TABATHA BRYANT

Tabatha C. Bryant

1802 PEYTON DRIVE

PENSACOLA, FL 32503

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Tabatha C. Bryant

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.)

TABATHA BRYANT

Tabatha C. Bryant

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)

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