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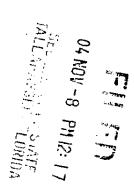
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OF HOY -8 AM II: 18



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Turn around Baby SSC.	ON HOW - 8 PAY 12: 17
	Art of Inc. File
Signature	Officer Search  Fictitious Search  Fictitious Owner Search
Requested by:    1   8   0 + 1   1   3     Name   Date   Time	Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval
Walk-In Will Pick Up	Courier

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ON HOW -B PANDS: 17

ARTICLE I - Name:

The name of the Limited Liability Company is:

#### TURN AROUND BABY LLC

#### ARTICLE II - Address:

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

#### Principal Office Address:

Mailing Address:

793 SW HIBISCUS STREET PORT ST LUCIE, FL 34983 793 SW HIBISCUS STREET PORT ST LUCIE, FL 34983

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

### THOMAS BRENNAN 793 SW HIBISCUS STREET PORT ST LUCIE, FL 34983

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

Citic: 'MGR" = Manager 'MGRM" = Managing Member	Name & Address:
MANAGER:	THOMAS A BRENNAN 793 SW HIBISCUS STREET PORT ST LUCIE, FL 34983
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested
REQUIRED SIGNATURE:	

(In accordance with section 608.408(3), Florida Statures, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Signature of a member or an authorized representative of a 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)