

LOS0000017044

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

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05 FEB 18 AM 7:35

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Little Majesties LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

2005 FEB 18 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W05-17044
2/18/2005

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Little Majesties 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:

5489 Ward Lake Drive

5489 Ward Lake Drive

Port Orange, FL 32128

Port Orange, FL 32128

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

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

Victoria Wintink

Name

5489 Ward Lake Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Port Orange, FL 32128

(City / State / 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.


Registered Agent's Signature - Victoria Wintink

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ARTICLE IV - Manager(s) or Managing Member(s):

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

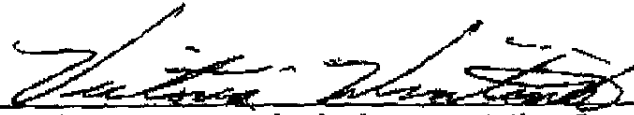
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMVictoria Wintink- 1391 Dexter Drive N., Port Orange, FL 32129MGRMMisty Clark- 5489 Ward Lake Drive, Port Orange, FL 32128

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Victoria Wintink

Typed or printed name of signee

2005 FEB 18 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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