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(i	Requesto	r's Name)	
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(0	City/State	/Zip/Phone	· #)
PICK-UP		WAIT	MAIL
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1005 FEB 28 A ID SC SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-	
SUBJECT: It's The Little Things L.L.C.	d Liability Company)	
(Name of Limited	d Liability Company)	
The enclosed Articles of Organization and fee(s) are so	_	
Please return all correspondence concerning this matter	er to the following:	
Al Douglass	-	
G	Name of Person)	
It's The Little Things L.C.C.		
(1	Firm/Company)	
2715 N. Beach Rd		
	(Address)	
Englewood, Fl 34223	· ··	
	State and Zip Code)	· =
City	baao ana zip coao,	
For further information concerning this matter, please	call:	
Al Douglass	at (_941) 270-2236	· · · · · · · · · · · · · · · · · · ·
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		ALI SE
G \$125.00 Eilima Eng. (5 \$120.00 Eilima Eng. 9)	6 0155 00 PH	AR T
\$125.00 Filing Fee \$\text{Status}\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	7 \$160.00 Filing Fee,
Confidence of Status	(additional copy is enclosed)	Certified Conv. CO
	,,	(additional copy is enclosed)
		<u>~</u> ∽ ′ 😈
STREET ADDRESS:	MAILING A	DDRESS:
Registration Section	Registration S	
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 632	
Tallahassee, Florida 32399	Tallahassee, F	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	: ·
It's The Little Things L.L.C.	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5981 Eiton Rd	2715 N. Beach Rd
Venice, FI	Englewood, Fl
34293	34223
The name and the Florida street address of the Al Douglass Name 2715 N. Beach Rd	
Florida street ad	dress (P.O. Box NOT acceptable)
Englewood, City, State,	FL 34223 and Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 508, F.S.

(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:	
MGR	Al Douglass	
	2715 N. Beach Rd	
	Englewood, Fl 34223	
		
· · · · · · · · · · · · · · · · · · ·		
		
		سو ری ایان است.
(Use attachment if necessary) NOTE: An additional article mus	t be added if an effective date is requested.	-
REQUIRED SIGNATURE:		
Signature of a memb	er or an authorized representative of a member.	
(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of periury	
A. O. Douglass	yped or printed name of signee	
Ţ.	yped or printed name of signee	
Filing Fees;	Fo.	m
\$125.00 Filing Fee for Articles of Orga	anization and Designation	U
of Registered Agent	୍ରିଲି ଫ	

\$ 5.00 Certificate of Status (Optional)