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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
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FILED 2005 NOV -3 AM 11: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO: Registration Section Division of Corporations

SUBJECT: Daddy	s Girl Internationa	al, LLC		
·	(Name of Limite	d Liability Compa	iny)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing	; .	
Please return all corresp	ondence concerning this matte	er to the following	:	
Brook M.	Francis			
	(Name of Person)		
Daddy's 0	Sirl International,	LLC		
	(Firm/Company)		
1194 Co	oper Creek Drive	9		
		(Address)		
Tallahas	see, FL 32311			
	(City.	State and Zip Code)	
For further information (concerning this matter, please	call:		
Brook Francis		at (_850)	980-22	02
(Name	of Person)		& Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fill Certified Copy (additional copy is	,	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Registratio	of Corporation	_

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

2005 NOV -3 AM II: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
Daddy's Girl International, LLC (Must end with the words "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1194 Copper Creek Drive	P.O. Box 10055
Tallahassee, FL 32311	Tallahassee, FL 32302
business entity with an active Florida registration.) The name and the Florida street address of Brook M. Francis	f the registered agent are:
	Name
1194 Copper Cree Florida str	ek Drive eet address (P.O. Box <u>NOT</u> acceptable)
Tallahassee, FL 323° City,	11 FLState, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and s registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

FILED

		SECRETARY OF STATE Name and Address: TALLAHASSEE, FLORII
<u>Title:</u>		Name and Address:
"MGR" = Mana		
"MGRM" = Ma	naging Member	
MGR		Brook M. Francis
	_	1194 Copper Creek Drive
		Tallahassee, FL 32311
MGRM		Raymond Eneas
		1101 NW 58th Terrace 106
		Ft. Lauderdale, FL 33313
	<u>_</u>	
(Use attachment	t if necessary)	
	date if other than the	date of filing: (OPTIONA
T.E.V. Effective	date, if other than the	e specific and cannot be more than five business day
CLE V: Effective ffective date is list	sted, the date must be	e specific and camioi he more man five business da
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ffective date is li:) days after the d	IGNATURE: Signature of a membe	er or an authorized representative of a member.
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ffective date is li:) days after the d	IGNATURE: Signature of a member (In accordance with secondance with secondanc	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
ffective date is li:) days after the d	Signature of a member of this debument constitute the facts stated h	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)