

L05000116852

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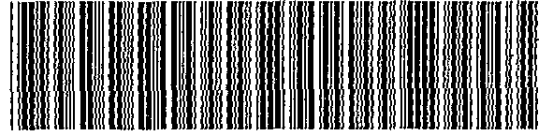
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Acknowledgement

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EFFECTIVE DATE  
*12/22/05*

11/18/05--01021--013 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 DEC -7 P 4:17

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*effective date*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BABY STUFF, 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:

NICOLA A. SMITH  
(Name of Person)

(Firm/Company)

8240 DONALDSON DR.  
(Address)

TAMPA, FL 33615  
(City/State and Zip Code)

For further information concerning this matter, please call:

NICOLA A. SMITH at ( 813 ) 249-7883  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DEC-7 P 4:17  
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2005

NICOLA A. SMITH  
8240 DONALDSON DR  
TAMPA, FL 33615

SUBJECT: BABY STUFF, LLC  
Ref. Number: W05000052135

We have received your document for BABY STUFF, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 18, 2005. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 105A00068834

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

BOBY STUFF, 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:

8240 DONALDSON DR.  
TAMPA, FL 33615

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NICOLA A. SMITH

Name

8240 DONALDSON DR.

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

TAMPA FL 33615

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.

Nicola Smith

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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2005 DEC - 7  
TALLAHASSEE  
SECRETARY OF STATE

**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

NICOLA A. SMITH  
8840 DONALDSON DR.  
TAMPA, FL 33615

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: DECEMBER 07, 2005. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

x Nicole Smith

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.)

NICOLA A. SMITH

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 DEC -7 P 4:17

FILED

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)