Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000070888 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Fhone : (516)935-3940 Fax Number : (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Lil Helper LLC

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

Electronic Filing Menu

Corporate Filing Menu

Heip

H06000070888

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

ARTICLE I - Name

The name of the Limited Liability Company is: Lil Helper LLC

ARTICLE II - Address

Principal Office Address:

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

Moriston, FL 32668	Moriston, FL 32668
ARTICLE III - Registered A The name and Florida street address	Agent, Registered Office & Registered Agent's Signature of the registered agent are:
	Mary Prefontaine
	<u> </u>
	Mary Prefontaine
	Mary Prefontaine Name
	Mary Prefontaine Name 19030 SE 70th Lane

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 - Mary Prefontaine

SECHLAND SIATE

H06000070888

Title: "MGR" - Manager "MGRM" = Managing Member	Name and Address:
MGR	Mary Prefontaine- 19030 SE 70th Lane, Moriston, FL 32668
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
	Man Relative
Signatui	e of a member or authorized representative of a member.
document	ance with section 608.408(3), Florida Statutes, the execution of this constitutes an affirmation under the penalties of perjury that the facts in arc true.)
	Mary Prefontaine
Typed or printed name of signee	

PILELD 06 MAR 16 AM 9:31 SEChebrar STATE