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LAHASSEE FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Fancy That! 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:
Debora S. Milke (Name of Person)
Fancy That L.L.C.
303 Country Club Drive
Crestview, F/. 32536 (City/State and Zip Code)
For further information concerning this matter, please call:
Debora S Milke at (850 ) 682-4512 Fine 3 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations  Street/Courier Address Registration Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

W06-16214



April 5, 2006

DEBORA S. MILNE FANCY THAT! L.L.C. 303 COUNTRY CLUB DRIVE CRESTVIEW, FL 32536

SUBJECT: FANCY THAT! L.L.C. Ref. Number: W06000016214

We have received your document for FANCY THAT! L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6958.

Lee Rivers Document Specialist Letter Number: 406A000230304 PR 26 PM I2: 53

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fancy that! L.L.C.
(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:
303 Country Club Dr. 303 Country Club Dr. Crestuiew.
<u>Crestuieu</u> <u>Crestuieu</u> ,
FI 32536 FI 32536
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 diagnother business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are:  Debora S Milhe.  Name  Name  Name
Name Signal Sign
303 Country Club Drive
Florida street address (P.O. Box NOT acceptable)
Crestien FL 32536
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..

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	iger naging Member	Name and Address:			
MGR	<del></del>	Debora S. Milne 303 Country Club Crestulew 17 3	Dr. 2534	· ·	
				· ·	
				•	
(Use attachment	if necessary)				
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ICLE V: Effective effective date is lis	date, if other than the casted, the date must be late of filing.)				
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Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)