

LO6000051842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

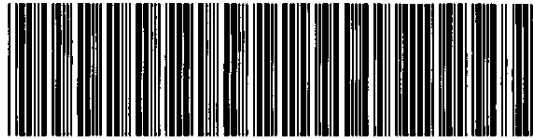
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/01/06--01003--008 **55.00

FILED
06 JUN - 1 AM 10: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUSAN'S SECRET, L.L.C.
(Name of Limited Liability Company)

Dear Sir or Madam: DOC # LOG000051842

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



SUSAN GAUTHIER
(Name of Person)

Susan's Secret, L.L.C.
(Firm/Company)

5300 NE 24th Terrace #333C
(Address)

FORT LAUDERDALE, FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Gauthier at (954) 492-1107
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

* Enclosed is a prepaid return FedEx envelope and airbill for my copy.

Thank you.

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Susan's Secret, L.L.C.

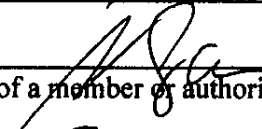
SECOND: The articles of organization or the application to transact business (See attached)

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Name of Limited Liability should be!
Susan's Secret, L.L.C.
("S" at the end of "Secret" was
inadvertently + incorrectly used.
Please correct. Thank you)

OR
 Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 5/25/06


Signature of a member or authorized representative of a member
Susan Gauthier
Typed or printed name of signee

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06 JUN -1 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)
\$55.00

EFFECTIVE DATE
5/9/06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Susan's Secrets 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:

5300 NE 24th Terrace
333C
Ft Lauderdale, FL 33308

Mailing Address:

5300 NE 24th Terrace
333C
Ft Lauderdale, FL 33308

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:


Susan Gauthier
Name

5300 NE 24th Terrace
Florida street address (P.O. Box **NOT** acceptable)

Ft Lauderdale FL 33308
City, State, and Zip

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06 MAY 15 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (REQUIRED)

(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:

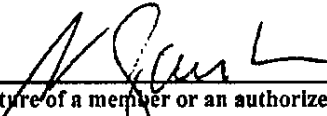
MGRM

Susan Gauthier
5300 NE 24th Terrace #333C
FLA. Lauderdale, FL 33308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/09/06 (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:


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.)

Susan Gauthier
Typed or printed name of signer

FILED
06 MAY 15 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)