

L06000056624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

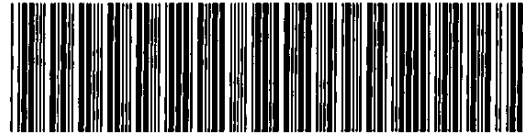
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 30 PM 12: 29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:
Walking Comfort, LLC.

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

Please return all correspondence concerning this matter to the following:

Kim Mitchell

Walking Comfort, LLC.

5420 Jaeger Road

Naples, FL 34109

For further information concerning this matter, please call:

Kim Mitchell at (239) 649-8343

Enclosed is a check for the following amount:

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

Mailing Address **Street/Courier Address**

Registration Section

Registration Section

Division of Corporations Division of Corporations

P.O. Box 6327 Clifton Building

Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Walking Comfort, LLC.

ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

5420 Jaeger Road
Naples, FL 34109

5420 Jaeger Road
Naples, FL 34109

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:

Name	Kim Mitchell
Street address	5420 Jaeger Road Naples, FL 34109

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)

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06 MAY 30 PM 12:29

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:

"MGR" = G. Markething, LLC.

"MGRM" = Joshua's Little Project, Inc.

"MGRM" = Steele Magnol, Inc.

ARTICLE V: Effective date, if other than the date of filing: . (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.)

Nir Sharon

Typed or printed name of signee

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)

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