L06000083224

Mr. David Shinnebarger
(Requestor's Name)

5700 NE Island Cove Way
(Address)

Apt. 4101
(Address)

Stuart, FL 34996-4304
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

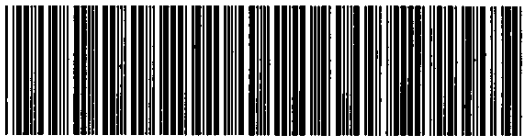
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/14/06--01023--004 **125.00

EFFECTIVE DATE
08/21/06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 14 AM 11:36

W06-356

J. BRYAN AUG 15 2006

J. BRYAN AUG 23 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: anewmom.com, LLC
(Name of Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 14 AM 11:34

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

Please return all correspondence concerning this matter to the following:

Margaret Shinneberger
(Name of Person)

anewmom.com, LLC
(Firm/Company)

5200 NE Island Cove Way #4101
(Address)

Stuart, FL 34996
(City/State and Zip Code)

For further information concerning this matter, please call:

Margaret Shinneberger at (772) 214-7910
(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)

Already Submitted!

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 14 AM 11:34

August 15, 2006

DAVID SHINNEBARGER
5700 NE ISLAND COVE WAY APT 4101
STUART, FL 34996-4304

SUBJECT: A NEW MOM.COM LLC
Ref. Number: W06000036016

We have received your document for A NEW MOM.COM 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 August 14, 2006. 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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 906A00050459

Re-Submit
8/22/06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 14 AM 11:34

ARTICLE I - Name:
The name of the Limited Liability Company is:

aNewMom.Com, 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:

5700 NE Island Cove Way
#4101
Stuart, FL 34996

Mailing Address:

5700 NE Island Cove Way #4101
Stuart, FL 34996

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.)

EFFECTIVE DATE
08/21/06

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

Margaret Shinnebarger
Name

5700 NE Island Cove Way #4101
Florida street address (P.O. Box **NOT** acceptable)

Stuart, FL FL 34996
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..

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:**
MGR	Margaret Shinneberger 5200 NE Island Cove Way #4101 Stuart, FL 34996

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/21/06. (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.)

Margaret Shinneberger
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)