L07000000000003

(Re	equestor's Name)	
(Ad	ldress)	
(1)	(drage)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
WÓE-	-5403	7
	1.1.00	
	() () d	
	Office Use Onl	Y



200082270412

12/14/06--01033--015 **155.00

SLCRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT: Na	Name of Limited)\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
The enclosed Articles of	Organization and fee(s) are sul	bmitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
Cynthia De	and Lour	ame of Person)		_
Nann	ny On Call	irm/Company)		
POR			SECH	0 9
		(Address)	HA	22. car
Ferna	ndina Beach	h FI 3203	S SEE	7
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(City/S	State and Zip Code)	7.7. C.S.	- TH :
For further information of	concerning this matter, please c	all:	TATE ORIDA	<u></u>
Prathia Dean (Name	of Person)	at (904) 277. (Area Code & Daytime Te	3093 Jephone Number)	
Enclosed is a check fo	r the following amount:			•
\$125.00 Filing Fee	·	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing For Certificate of Status & Certified Copy (additional copy is enclosed)	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as	



December 15, 2006

CYNTHIA DEAN LOUM PO BOX 9 FERNANDINA BEACH, FL 32035

SUBJECT: NANNY ON CALL, LLC Ref. Number: W06000054037

We have received your document for NANNY ON CALL, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6984.

Letter Number: 706A000713

Deborah Bruce Document Specialist 07 JAN -2 PH 3: 13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lin	e: nited Liability Company is	:		
Must end with the words	Call LLC Limited Liability Company, "Limi	ited Company" or their abbrevia	tion "LLC," or "L.C.,")	
ARTICLE II - Add The mailing address	ress: and street address of the p	orincipal office of the Li	mited Liability Co	mpany is:
Principal Office Ad	dress:	Mailing Address:	MR	
COFFRANCE 9	Beach Fl 32035	Fernandina	Box 9 Beach, Fl 3	2035
(The Limited Liability Conbusiness entity with an act	ristered Agent, Registere pany cannot serve as its own Region Florida registration.) Orida street address of the	stered Agent. You must designa	Agent's Signature te an individual or Agent	NYC 60
Cynthia _	DeAns Lour	<u>n</u>	AKT OF S	
_		ldress (P.O. Box NOT accept	Table)	<u>α</u>
_	Fernandoa Pa City, State,	<u>k_FL </u>		Bysan .
	as registered agent and to at the place designated in			

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u> "MGR" = Manag		Name and Address:		
"MGRM" = Mar	-			
MGR	Cyntlia	2289 Ameria Pd	 <u></u>	4
	<u>.</u>			
				•
(Use attachment	if necessary)			
		of filing: ((ecific and cannot be more than five bus		
<u>REQUIRED</u> SI	GNATURE:	\cap	SECRET TALLAHA	
amthia	Signature of a member or	an authorized representative of a member.	HO.	P III
O. Maia	(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	ORIDA	N Employed
Martin		or printed name of signee		÷
Filing Fees	:			

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

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

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)