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COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT: TAM	1MY APOSTOL (Name of Limited	COUTURE, LL Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspo	ondence concerning this matter	r to the following:		
	TAMMY A	PÓSTOL		
TAMMY APOSTOL (Name of Person)				
TAMMY APÓSTOZ COUTURE, LLC (Firm/Company)				
3922 NE 166th St, #215-5				
N. MIAMI BEACH, FL 33/60				
(Cîty/State and Zip Code)				
For further information concerning this matter, please call:				
TAMMY APOSTOL at (786) 213-3996 (Name of Person) (Area Code & Daytime Telephone Number)				
(14ante	or reison)	(Alea Code & Dayline 1		
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, 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	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Effective Date

The name of the Limited Liability Company is:	Electrica
TAMMY APÓSTOL COU (Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3922 NE 166 th St #215-25 N. MIAMIBEACH, FL 33160	SAME
ARTICLE III - Registered Agent, Registered of (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re TAMMY APOS Name 3922 NE 166 Th Florida street address	red Agent. You must designate an individual or another OT JAN 22 PH OF CORPOR
N. MIAMI BEACH, City, State, an	

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)

Having been named as registered agent and to accept service of process for the above stated limited

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	TAMMY APOSTOL 3922 NE 166+4 ST, #215-5" N. MIAMI BEACH, FL 33160
	
	
(If an effective date is listed, the date must be sp	te of filing: 01-19-07 (OPTIONAL) pecific and cannot be more than five business days prior
to or 90 days after the date of filing.) REOUIRED SIGNATURE:	

Signature of a member or an arthorized 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.)

TAMMY APÓSTOL

Typed or printed name of signed

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)