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(Re	questor's Name)			
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(Cit	ry/State/Zip/Phone	= #)		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Division of	n Section f Corporations			
SUBJECT: My I	Picture Teddy Bear, LLC			
	(Name of Limite	d Liability Company)		
The enclosed Articl	es of Organization and fee(s) are s	ubmitted for filing.		
Please return all cor	respondence concerning this matte	er to the following:		
Prisci	la V. Marotta, Ph.D.			_
	(Name of Person)		-
My Pictu	re Teddy Bear, LLC			
- 	(Firm/Company)		_
3900 N	orth Ocean Drive - Ur	nit 5D	9.	AID
		(Address)	Ju	SECRI ISION
Laudero	dale by the Sea, Flori	da 33308	2	E TAR
		/State and Zip Code)	70	- CORP
For further information	tion concerning this matter, please	call:	JUN 21 PM 12: 49	RETARY OF SALTONS
Priscilla V. Ma	rotta, Ph.D.	at (954) 583-883	1 ext. 300	Ü,
7)	lame of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a chec	k for the following amount:			
☐ \$125.00 Filing I	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)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
My Picture Teddy Bear, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Annie Moscato, President	Priscilla V. Marotta, Ph.D.	
107 East Elm Ave.	3900 North Ocean Drive - Unit 5D	
Quincy, MA 02170	Lauderdale by the Sea, Fl 33308	
(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		
Dobart MooDenald Chillian	07 DIV	
Robert MacDonald Contractor		
Name		
3900 North Ocean Drive - U	JUN 21 PM 12: L9 PESS (P.O. Box NOT acceptable) FL 33308 and Zip	
Florida street addr	ress (P.O. Box NOT acceptable) FL 33308 PROPERTY OF STATE OF STA	
Lauderdale by the Sea	FL 33308	
City, State, ar	nd Zip 49	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S	

Registered Agent's Signature (REQUIRED)

Robort E. MacDonal d

(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:

	Title: "MGR" = Manager "MGRM" = Manag	ing Member	Name and Address:	
	MGR	·	Priscilla V. Marotta, Ph.D.	
	3900 North Ocean Drive - Unit 5D			
			Lauderdale by the Sea, FI 33308	
	MGRM		Annie Moscato, President	
			107 East Elm Ave.	무
		•		SEC
			=	豆瓷
			Quincy, MA 02170	유로프
				SKE
			PH Z: 4	39 C
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		•		D 35
	(Use attachment if i	necessary)		
(If an e		l, the date must be sp	e of filing: June 15, 2007 . (OPTIONA ecific and cannot be more than five business day	•
	REQUIRED SIGN	IATURE:	1	
		(Juscelle V	! Marito	
	Si	gnature of a member or	an authorized representative of a member.	
	Л	n accordance with section	n 608.408(3), Florida Statutes, the execution	
			es an affirmation under the penalties of perjury	
		that the facts stated herei		

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)