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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

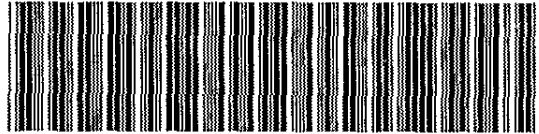
(Business Entity Name)

(Document Number)

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~~W07-38450~~

T Hampton AUG 09 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELI ELI BABYZILLA I, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

THE LIEBERMANN/GUTHRIE TRUST DATED FEB. 5, 2007
ANGELA D. GUTHRIE, TRUSTEE (Name of Person) MARY P. LIEBERMANN, TRUSTEE

(Firm/Company)

1305 BELGRADE AVE.
(Address)

ORLANDO, FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY P. LIEBERMANN

ANGELA D. GUTHRIE at (407) 894-5150
(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)

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

July 11, 2007

THE LIEBERMANN/GUTHRIE TRUST
ANGELA D GUTHRIE & MARY P LIEBERMANN
1305 BELLGRADE AVE
ORLANDO, FL 32803

SUBJECT: ELI ELI BABYZILLA I, LLC
Ref. Number: W07000032950

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED

We have received your document for ELI ELI BABYZILLA I, 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):

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 245-6059 for information) or designate another entity that is active according to our records.

Please return the original and one copy of 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) 245-6855.

Tammy Hampton
Document Specialist
Registration/Qualification Section

Letter Number: 807A00044195

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELI ELI BABYZILLA I, 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:

Mailing Address:

1305 BELLGRADE AVE.
ORLANDO, FL 32803

1305 BELLGRADE AVE.
ORLANDO, FL 32803

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: AG

AG

~~THE LIEBERMANN/GUTHRIE TRUST DATED FEB. 5, 2007~~

ANGELA D. GUTHRIE,

1305 BELLGRADE AVE.

Florida street address (P.O. Box NOT acceptable)

ORLANDO, FL FL 32803

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.

AG ~~Trustee~~

AG ~~Trustee~~

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

THE LIEBERMANN/GUTHRIE TRUST
DATED FEBRUARY 5, 2007
ANGELA D. GUTHRIE, TRUSTEE
1305 BELGRADE AVENUE
ORLANDO, FLORIDA 32803

MGR

THE LIEBERMANN/GUTHRIE TRUST
DATED FEBRUARY 5, 2007
MARY P. LIEBERMANN, TRUSTEE
1305 BELGRADE AVENUE
ORLANDO, FL 32803

(Use attachment if necessary)

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

X Mary P. Liebermann, trustee
X Angela D. Guthrie, trustee

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.)

MARY P. LIEBERMANN

ANGELA D. GUTHRIE X

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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