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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

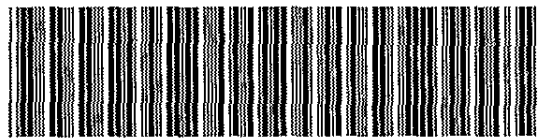
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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~~207-3819~~

T. Hampton AUG 09 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELI ELI BABYZILLA II, 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
MARY P. LIEBERMANN, TRUSTEE (Name of Person) ANGELA D. GUTHRIE, TRUSTEE

(Firm/Company)

1305 BELLGRADE AVENUE

(Address)

ORLANDO, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY P. LIEBERMANN

ANGELA D. GUTHRIE

(Name of Person)

at (407) 894-5150

(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
MARY P LIEBERMANN & ANGELA D GUTHRIE
1305 BELLGRADE AVE
ORLANDO, FL 32308

SUBJECT: ELI ELI BABYZILLA II, LLC
Ref. Number: W07000032956

We have received your document for ELI ELI BABYZILLA II, 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: 107A00044200

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELI ELI BABYZILLA II, 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:

MARY P. LIEBERMANN, ^{AB}
~~THE LIEBERMANN/GUTHRIE TRUST DATED FEB. 5, 2007~~
Name

1305 BELLGRADE AVE
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO 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.

Mary P. Liebermann, Trustee
Mary P. Liebermann, Trustee
Registered Agent's Signature (REQUIRED)

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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, FLORIDA 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:

Angela Guthrie, trustee
Mary Liebermann, 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.)

ANGELA D. GUTHRIE
MARY P. LIEBERMANN

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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DIVISION OF CORPORATIONS
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