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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Miranda's Fiv (Name of Limite	Shing Touches ed Liability Company)	LLC
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	
Mira	nda N. Moro	(Name of Person)	
Miran	da's Finishing	Touches LC (Firm/Company)	
50 6	earner Circle N	(Address)	•
Crawfo	rdville FL (Cit	32327 y/State and Zip Code)	07 NO SELTAE TALLAH
For further information	concerning this matter, please	call:	VIL AM
Miranda N. (Nam	Morgan e of Person)	at (<u>\$50</u>) <u>590 - 3</u> (Area Code & Daytime Tele	3844 55 10 1
Enclosed is a check f	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miranda's Finishing Touches LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
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:			
50 Garner Circle North Crawfordville FL 32327	Same			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual of another 2			
The name and the Florida street address of the re- Miranda N. Mor	gan Fig. 7			
50 Garner Circle Florida street add	ress (P.O. Box NOT acceptable)			
Crawfordville FU. City, State, a	rL 32327 nd 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:
MGRM	Miranda Nicole Morgan 50 Coarner Circle North Crawfordville FL 32327
m G R M	Joseph R. Morgan 50 Garner Circle North Crawfordville FL 32327
mcrm	Treva Denhardt 2500 Crawfordville FL 323257 &
(Use attachment if necessary)	## 9: 08 FLORIO
ARTICLE V: Effective date, if other than the	st be specific and cannot be more than five business days
Musande Signature of a memb	Der or an authorized representative of a member.
(In accordance with s of this document con that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
Miranda M	J. Wlorgan 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)