

L0800000/851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

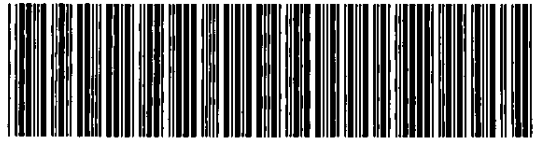
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200113461682

01/03/08--01048--008 **130.00

Effective Date 01/01/08

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN -4 PM 2:06

J. BRYAN

JAN -7 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Isabella Presley by Lallure 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:

Lisa Breen

(Name of Person)

Isabella Presley by Lallure LLC.

(Firm/Company)

60 Kelleys Trail

(Address)

Oldsmar, Florida 34677

(City/State and Zip Code)

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DIVISION OF CORPORATIONS
08 JAN - 4 PM 2: 06

For further information concerning this matter, please call:

Lisa Breen

(Name of Person)

at (727) 784-7984

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED OF STATENS
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
08 JAN -11 PM 2:06

ARTICLE I - Name:

The name of the Limited Liability Company is:

Isabella Presley by Lallure 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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

60 Kelleys Trail

Oldsmar, Florida 34677

60 Kelleys Trail

Oldsmar, Florida 34677

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:

Effective Date 01/01/08

John Breen

Name

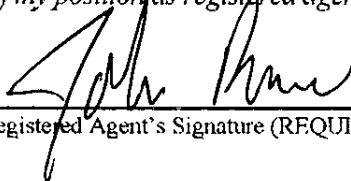
60 Kelleys Trail

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

Oldsmar, Florida 34677

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

