

LO80000/9040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

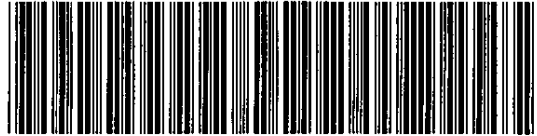
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 21 2008

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Walk The Labyrinth, 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:

Melvina Hamilton, MPH
(Name of Person)

Walk the Labyrinth, LLC
(Firm/Company)

2119 NE 33 AV
(Address)

Fort Lauderdale, FL 33305
(City/State and Zip Code)

For further information concerning this matter, please call:
at

Melvina Hamilton, MPH 954 850 3348
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,

Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) 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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

ARTICLE I - Name: Walk the Labyrinth, LLC

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address: 2119 NE 33rd Avenue
Fort Lauderdale, FL 33305

The mailing address and street address of the principal office of the Limited Liability

Company is:

Principal Office Address:

2119 NE 33 Avenue
Fort Lauderdale, FL 33305

Mailing Address:

PO Box 1793
Fort Lauderdale, FL 33302

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TALLAHASSEE, FLORIDA

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:

Melvina Hamilton, MPH
Name

2119 NE 33 Avenue
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale, FL 33305

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)

ARTICLE IV- Manager(s) or Managing Member(s):

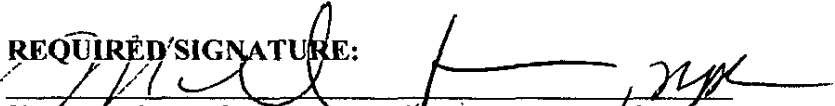
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager
"MGRM" = Managing Member
(Use attachment if necessary)

Name and Address:
"MGR"
Melvina Hamilton, MPH
2119 NE 33rd Avenue
Fort Lauderdale, FL 33305

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:


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.)

Melvina P Hamilton, MPH

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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