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03/10/08--01043--006 **160.00

Effective Date 04/01/08

T. HAMPTON

MAR 1 1 2008

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	ECT. Tees for Tummies, LI	LC	
SODJ	EC.1.	ited Liability Compa	ny)
The er	nclosed Articles of Organization and fee(s) are	submitted for filing	3 ,
Please	return all correspondence concerning this ma	tter to the following	:
	George N. Manousakis		
		(Name of Person)	
		(Firm/Company)	
	90 Golfview Lane		
		(Address)	
	Ormond Beach, FL 3217	' 6	
	(Ci	ty/State and Zip Code)
For fu	rther information concerning this matter, pleas	se call:	
Geo	orge N. Manousakis	at (386	562-4510
	(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed is a check for the following amount:		
□\$125	.00 Filing Fee \$\times \text{130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Certified Cop (additional copy	y Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Board Exe	of Corporations

Effective Date 04/01/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tees for Tummies, 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:
90 Golfview Lane	90 Golfview Lane
Ormond Beach, FL 32176	Ormond Beach, FL 32176
<u> </u>	

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:

George N. Manousakis

90 Golfview Lane

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

Ormond Beach, FL _{FL} 32176 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 postion as registered agent as provided for in Chapter 608, F.S..

> Signature (REQUIRED) Registered

> > (CONTINUED) Page 1 of 2

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

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

MGRM	Jeffrey N. Harrell	
	139 Standish Dr Ormond Beach, FL 32176	
	emone bodd, 12 of 110	
MGRM	George N. Manousakis	
	90 Golfview Lane	
	Ormond Beach, FL 32176	
Use attachment if necessary)		

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.)

Jeoge N. Manousakis
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)