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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA/FOREIGN LIMITED LIABILITY CO.

HAVE IT ALL !, LLC

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T. HAMPTON

APR 22 2008

EXAMINER

**ARTICLES OF ORGANIZATION
FOR
HAVE IT ALL !, LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **HAVE IT ALL !, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office address of the company is **500 North Osceola Avenue, #211, Clearwater, FL 33755**. The mailing address of the company is **500 North Osceola Avenue, #211, Clearwater, FL 33755**.

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ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **R. Jeffrey Stull, P.A., 502 South Boulevard, Tampa, FL 33606.**

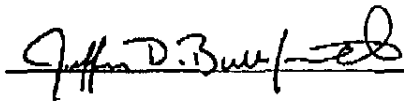
ARTICLE IV: MANAGING MEMBERS

The name and address of the initial Managing Member of the company is:

Pamela Hubbert, Managing Member, 500 North Osceola Avenue, #211, Clearwater, FL 33755.

The undersigned has executed these Articles of Organization this 21st day of April 2008.

"Your Capital Connection, Inc. by, Jeffrey Butterfield, Client Representative"



Authorized Representative

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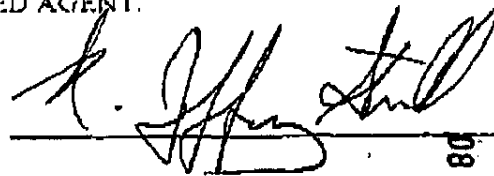
CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: HAVE IT ALL 1, LLC

2. The name and address of the registered agent and office is:
R. JEFFREY STULL, P.A.
502 South Boulevard
Tampa, FL 33606

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.



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