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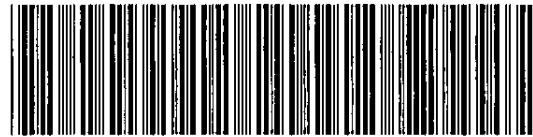
(Business Entity Name)

(Document Number)

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MAY 1 2008

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PLEASE File Articles
of Correction

HAVE IT ALL!, LLC

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- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ☒ Art. of Amend. File Articles of Correction
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier

Signature _____

Requested by: Seth

Name

Date 5/1/08

Time 11:00

Walk-In _____

Will Pick Up _____

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: HAVE IT ALL!, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
article IV list only one Managing Member. A second
Managing Member should be added as follows:

William Patrick Parrigan, 9569 Marilla Dr., Lakeside,
California 92040

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: April 25, 2008

R. Jeffrey Stull
Signature of a member or authorized representative of a member

R. Jeffrey Stull
Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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**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

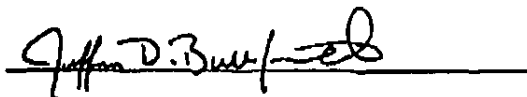
The name and address of the initial registered agent is **R. Jeffrey Stull, P.A., 502 South Boulevard,
Tampa, FL 33606.**

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 I, LLC

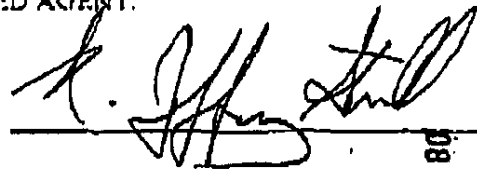
2. The name and address of the registered agent and office is:

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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