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B. KOHR

MAY 2 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

*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 *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 \_\_\_\_\_

Signature

Requested by:

Name

*WC* *5/2* *11:00*  
Date Time

ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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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 I, LLC

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

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

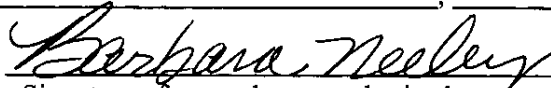
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
article IV list only one Managing Member. A second Managing Member should be added as follows: William Patrick Parrigin, 9569 Merilla Dr., Lakeside, California 92040

Address of Registered Agent is incorrect, Correct Address is 602 South Boulevard, Tampa, Florida 33606

**OR**

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

Dated: May 2, 2008



Signature of a member or authorized representative of a member

Barbara Neeley

Typed or printed name of signee

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

**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 21<sup>st</sup> day of April 2008,  
"Your Capital Connection, Inc. by, Jeffrey Butterfield, Client Representative"

  
\_\_\_\_\_  
Authorized Representative

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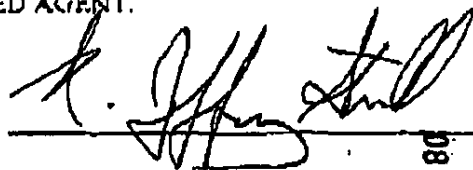
### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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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