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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(,					
PICK-UP WAIT MAIL					
<u> </u>					
(Decision of Facility Normal)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Ailing Officer: NT					
A. LUNI					
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EXAMINER					
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Office Use Only



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MAY -8 P 3 44
SECRETARY OF STATE.

COVER LETTER

TO:	Registration S Division of Co						
SUBJ	Nitty Gri	tty Goods LLC					
		(Name of Limited	Liability Comp	pany)		-	
The e	nclosed Articles o	f Organization and fee(s) are sub	mitted for filir	ng.			
Please	return all corresp	ondence concerning this matter	to the followin	g:			
	Judith G. Pa	padakis					
		(Na	une of Person)				
	Nitty Gritty G	Goods LLC					
	1402 Tiara L	·	rm/Company)		TALLAR	7000 MAK	רודי
	Tarpon Sprin	gs, FL 34689	(Address)		TARY OF	∦ -8 ₽	m
For fu	rther information	(City/Si	tate and Zip Cod	le)	STATE	ስቴ ት	0
	as P. Papadal	kis a	727	945-9340			
	(Name	of Person)	(Area Co	de & Daytime Tel	ephone Nu	ımber)	
Enclo	sed is a check fo	or the following amount:					
I \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	рру	Certifi	cate of ed Cop	Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrate Division Clifton I 2661 Ex	Courier Address tion Section of Corporation Building ecutive Center (

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:							
The mailing address and street address of the principal office of the Limited Liability Company is:							
Principal Office Address:	Mailing Address:						
1402 Tiara Lane	1402 Tiara Lane						
Tarpon Springs, FL 34689	Tarpon Springs, FL 34689						
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Judith G. Papadakis Name 1402 Tiara Lane Florida street address (P.O. Box NOT acceptable) Tarpon Springs, FL 34689							
Florida stree Tarpon Springs, FL 34	et address (P.O. Box <u>NOT</u> acceptable) = = = = = = = = = = = = = = = = = = =						
Florida stree Tarpon Springs, FL 34 City, St	et address (P.O. Box NOT acceptable) = 4689 tate, and Zip						
Florida stree Tarpon Springs, FL 34 City, St Having been named as registered agent and	et address (P.O. Box <u>NOT</u> acceptable) = = = = = = = = = = = = = = = = = = =						

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:				
"MGRM" = Managing Member					
MGR	Judith G. Papadakis				
	1402 Tiara Lane Tarpon Springs, FL 34689				
MGRM	Kostas P. Papadakis				
	1402 Tiara Lane Tarpon Springs, FL 34689				
	TALL SEC				
	APPLE TO				
	SSE -8				
(Use attachment if necessary)	DRIDA DRIDA				

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.)

Typed or printed name of signee

KOSTAS P. PAPADAKIS

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)