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T. HAMPTON

MAY 1 3 2008

**EXAMINER** 

# COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: YOUR	R IMAGE MATT	ERS, LLC	
Subsect.		ted Liability Company)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
KELLY W	'ALSH		
		(Name of Person)	
		(Firm/Company)	
9369 Pas	eo De Valencia	Street	
·		(Address)	
Fort Myer	s, FL 33908	<u> </u>	
	(Ci	ty/State and Zip Code)	
For further information of	concerning this matter, pleas	e call:	
KELLY WALS	SH	_at ( 239 ) 454-108	39
(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CI	Æ.	T -	Nam	e:

The name of the Limited Liability Company is:

# YOUR IMAGE MATTERS, 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:
9369 Paseo De Valencia Street	9369 Paseo De Valencia Street
Fort Myers, FL 33908	Fort Myers, FL 33908

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:

KELLY WALSH

# 9369 Paseo De Valencia Street

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

Fort Myers <sub>FL</sub> 33908

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 position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECHE TARY OF STARS
DIVISION OF CORPORATIONS

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	oer eer
MGRM	CHRISTINE SHERLOCK
	14250 Royal Harbour Court, #813
	Fort Myers, FL 33908
MGRM	LISA KITNER
	12101 Fairway Isles Drive
	Fort Myers, FL 33913
MGRM	KELLY WALSH
	9369 Paseo De Valencia Street
	Fort Myers, FL 33908
·	
(Use attachment if necessary)	
ADTICLE V. Effective data if other	then the date of filmer (OPTIONAL)
ARTICLE V: Effective date, if other Of an effective date is listed, the date	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
DECLUDED CLONATUDE.	
REQUIRED SIGNATURE:	
//	-2 (1)

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

#### 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)