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(Requestor's Name) (Address)	.	0001309	68470
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	EF	06/11/08010 ECTIVE DATE 6 9 UK	FILED *** OB JUN 10 AN 8: 35 FALLAHASSEE, FLORIDA OB JUN 10 PN 4: 10 OF FALLAHASSEE, FLORIDA ON TALLAHASSEE, FLORIDA
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B. KOHR
JUN 11 2008
EXAMINER



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June 10, 2008

)	CORPORATION NAME (S) AND DOCUMENT NUMBER (S It's Knobody's Business, LLC				
	Filing Evidence □ Plain/Confirmation Copy ☑ Certified Copy	Type of Document Certificate of Status Certificate of Good Standing Articles Only			
	Retrieval Request □ Photocopy □ Certified Copy	☐ Articles Only ☐ All Charter Documents to Include Articles & Amendments ☐ Fictitious Name Certificate ☐ Other			
	NEW FILINGS Profit	AMENDMENTS Amendment			
X	Non Profit Limited Liability	Resignation of RA Officer/Director Change of Registered Agent			
	Other Other	Dissolution/Withdrawal Merger			
	OTHER FILINGS Annual Reports Fictitious Name Name Reservation Reinstatement	REGISTRATION/QUALIFICATION Foreign Limited Liability Reinstatement Trademark			
L	Romstatement	Other			

EFFECTIVE DATE 6908

ARTICLES OF ORGANIZATION FOR FI	ORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
It's Knobody's Business, LLC	m
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14126 Budworth Circle	Felcher & Freifeld, LLP
Orlando, Fla. 32832	358 Fifth Avenue, Suite 401
	New York, NY 10001
The name and the Florida street address of the r Jerome Foster Name	egistered agent are:
·	
14126 Budworth Circle	
	ress (P.O. Box <u>NOT</u> acceptable)
Orlando,	FL 32832
City, State, t	und Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all arformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.
BY:	2
Registered Agent's Signat	ure (REQUIRED)

(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 "MGRM" = Managing Member	Name and Address:	
MGRM	Jerome Foster 14126 Budworth Circle Orlando, Fla. 32832	
		· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	C/0/00	
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	te of filing: 6/9/08 pecific and cannot be more than	(OPTIONAL) five business days prior

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.)

Cylinee Murray
Typed or printed hame 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)