

**L08000086455**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H08000212973 3)))



H08000212973ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

**FILED**  
08 SEP 11 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Tooth Fairy Jewels, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**RECEIVED**

08 SEP 11 AM 6:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H080002129733

**ARTICLES OF ORGANIZATION  
OF  
Tooth Fairy Jewels, LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Tooth Fairy Jewels, LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
2090 75th St. N, St. Petersburg, Florida 33710.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Christine Hansen, 2090 75th St. North, St. Petersburg, Florida 33710. Located in the County of Pinellas.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2048.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the address of the member of the Limited Liability Company is:

Christine Hansen, 2090 75th St. N, St. Petersburg, Florida 33710



Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

Date: September 9, 2008

**FILED**  
08 SEP 11 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FAX AUDIT # H080002129733

FAX AUDIT # H080002129733CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Tooth Fairy Jewels, LLC**

The name and address of the registered agent and office is Christine Hansen, 2090 75th St. North, St. Petersburg, Florida 33710. Located in the County of Pinellas.

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.

Signature:   
Christine Hansen

Date: 9/10/08

**FILED**  
08 SEP 11 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FAX AUDIT # H080002129733