. (Requestor's Name)
(Address)
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SEP 16 2008 OF JULY



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2008

ALICIA FEINSMITH 1730 N. 55 AVE. HOLLYWOOD, FL 33021

SUBJECT: ALICIA FEINSMITH, LLC

Ref. Number: W08000040395

We have received your document for ALICIA FEINSMITH, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed please find the form and instructions for forming a Florida limited liability company.

The total amount due is \$130.00.

There is a balance due of \$100.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 108A00048052

ALICIA FEINSMITH, LLC

1730 NORTH 55 AVE HOLLYWOOD, FL 33021

PHONE: 954-964-6340

FAX:954-964-6020

TO: BRENDA FROM: ALICIA FEINSMITH COMPANY:DIV. OF CORP DATE:9/10/2008 FAX NUMBER:850-245-6030 TOTAL NO. OF PAGES INCLUDING COVER: 4 PHONE NUMBER: SENDER'S REFERENCE NUMBER: RE:CHANGE OF ADDRESS YOUR REFERENCE NUMBER:

DPLEASE COMMENT DPLEASE REPLY DPLEASE RECYCLE

THANK FOR YOUR HELP.

ALICIA FEINSMITH

URGENT FOR REVIEW

CELL-954-614-7888

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CT: FLICIA FEINSMITH, LLC			
(Name of Limited Liability Company)				
The enc	losed Articles of Organization and fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning this matter to the following:			
-	ALICIA FEINSMITZI (Name of Person)			
	ALICIA FEINSMITH LLC (Firm/Company)			
	(Firm/Company)			
	1730 NORTH S5 AVENUE			
_	Hollywood, H 3302/			
	(City/State and Zip Code)			
For furt	her information concerning this matter, please call:			
	ALICIA at (954) 614-1888 (Name of Person) (Area Code & Daytime Telephone Number)			
/-	(Name of Person) at (437) (Area Code & Daytime Telephone Number)			
Enclose	ed is a check for the following amount:			
] \$125.(Of Filing Fee \$\sum{\text{S130.00}} \subseteq \text{S130.00} \text{ Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}			
	Malling AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

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VIII LIDANDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	08 SEP	SECRE
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	75 is:	TARY OF OF CORP
Principal Office Address: Mailing Address:	H.12:	STA
1730 N 55 AVE 1730 N 55 NE Nollywood X 3:021 /40/14000 7/ 5302/	$\overline{\omega}$	SKO

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:

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

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) 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.) LICIA FEINSMITT! 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)

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

Page 2 of 2