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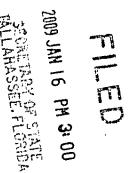
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JAN 20 2008

Office Use Only



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COVER LETTER

Division of Co			
SUBJECT: OMG	Fabulous, LLC		
	(Name of Limit	ed Liability Company)	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
Lisa Hane	es .		
		(Name of Person)	
OMG Fab	ulous, LLC		7200S
		(Firm/Company)	
1530 Aug	usta Circle #141		DOO JAN 16 PM 3:
		(Address)	PR PR
Delray Be	ach, FL 33445		(C)
	(Cit	y/State and Zip Code)	8
For further information	concerning this matter, please	e call:	
Lisa Hanes		at (561) 602-450	6
(Name	of Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check for	or 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 (

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
OMG Fabulous, LLC	209	•
(Must end with the words "Limited Liabi	fity Company, "L.L.C.," or "LLC.")	1
ARTICLE II - Address: The mailing address and street address of the pr		٣
Principal Office Address:	Mailing Address:	* JE
1530 Augusta Circle #141, Delray Beach, FL 33445	1530 Augusta Circle #141, Delray Beach, FL 33445	

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:

ARTICLE 1 - Name:

John Hanes	
Nam	е
1530 Augusta Circle	e #141
Florida street ac	ddress (P.O. Box NOT acceptable)
Delray Beach 3344	5 _{FL}
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

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

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

MGR Lisa Hanes 1530 Augusta Circle #141 Delray Beach, FL 33445	<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	•
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		anaging memoe.	Lisa Hanes	
Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
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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)