

L09000008285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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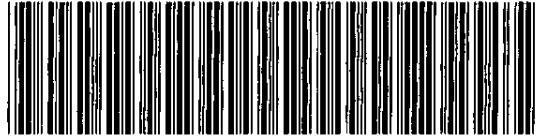
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALIAH/SSC/ST/REGISTRATION

S. HAWKES
JAN 26 2009
EXAMINER

OFFICE: (407) 894-6447
FAX: (407) 894-0332

**LAW OFFICES OF MICHAEL L. MOORE
AND ASSOCIATES, P.A.**

2208 HILLCREST ST.
ORLANDO, FL 32803

A Full Service Law Firm

- CORPORATE & BUSINESS
- ENTERTAINMENT
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- EMPLOYMENT •
- DISCRIMINATION •
- COMMERCIAL LITIGATION •
- PROBATE •
- WRONGFUL DEATH •

January 21, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Word of Mouth, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing:

Please return all correspondence concerning this matter to the following:

Michael L. Moore, Esquire
Michael L. Moore & Associates, P.A.
2208 Hillcrest Street
Orlando, Florida 32803

For further information concerning this matter please call:

Michael L. Moore, Esquire at 407-894-6447

Sincerely,



Michael L. Moore

MLM:mkr
Enclosures: as stated
cc: Ms. Amy Thomas

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is:

Word of Mouth, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address

2518 Chippewa Trail
Maitland, Florida 32751

Mailing Address

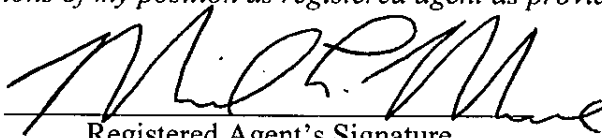
2518 Chippewa Trail
Maitland, Florida 32751

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Michael L. Moore, Esquire
2208 Hillcrest Street
Orlando, Florida 32803

Having been named as registered agent and to accept service of process for 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, Florida Statutes.


Registered Agent's Signature

ARTICLE IV – Manager(s) or Managing Member(s)

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Amy Thomas

2518 Chippewa Trail

Maitland, Florida 32751

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Amy K. Thomas

Signature of a member or an authorized representative of a member

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Amy K. Thomas

Typed or printed name of signee

Filing fees enclosed

\$100.00 Filing Fee for Articles of Organization

\$25.00 Designation of Registered Agent

\$30.00 Certified Copy

\$ 5.00 Certificate of Status