L09000062730

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAUX

JUN 29 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

FEIN 80-0424565

SUBJECT: Get Ya Some
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Kathryn Sartin
Name of Person

Get Ya Some LLC.
Firm/Company

500 Kelly Mill Road Apt. 180
Address

Valparaiso, FL 32580
City, State and Zip Code

katie@getyasomecabinets.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Sartin at (850) 226-2900
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2009

KATHRYN SARTIN
500 KELLY MILL ROAD APT 180
VALPARAISO, FL 32580

SUBJECT: GET YA SOME LLC
Ref. Number: W09000027862

We have received your document for GET YA SOME LLC and your check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 709A00020181

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Get Ya Some LLC.
(Must end with the words "Limited Liability Company," "L.L.C." or "L.L.C.")

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ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
200 Kelly Road Bldg. A-1 Niceville, FL 32578	500 Kelly Mill Road Apt. 180 Valparaiso, FL 32580

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:

Kathryn Sartin
Name

500 Kelly Mill Road Apt. 180
Florida street address (P.O. Box NOT acceptable)

Valparaiso, 32580 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.

Kathryn Sartin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Anthony Sartin 500 Kelly Mill Road Apt. 180 Valparaiso, FL 32580
MGR	Kathryn Sartin 500 Kelly Mill Road Apt. 180 Valparaiso, FL 32580

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing. 6/15/09 (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:

Kathryn Sartin
Signature of a member or an authorized representative of a member.

(Pursuant to 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.)

Kathryn Sartin
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)