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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W09000041047			

Office Use Only



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FILED

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SECRETARY OF STATE
ALLAHASSEE FLORIF

D. BRUCE

SEP 16 2009

EXAMINER

EFFECTIVE DATE 9409

COVER LETTER

	ivision of Corporations
SUBJECT	SEXY STEPS LLC Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	KIMBERLY DOWN FREEMAN Name of Person
******	Firm/Company
	4021 CHELSEA LANE
	Address
	LAKELAND, FLORIDA 33809
_	City/State and Zip Code Kimfreemanles Chotmail. Com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Kimi	BERLY D. FREEMAN at (863) 614-399657 57
Enclosed	is a check for the following amount:
] \$125.00	Filing Fee \$\int \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)} \text{\$\$}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2009

KIMBERLY DAWN FREEMAN 4021 CHELSEA LANE LAKELAND, FL 33809

SUBJECT: SEXY STEPS LLC Ref. Number: W09000041047

We have received your document for SEXY STEPS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 11, 2009. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 809A00030226CRETARY OF STA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
SEXY STEPS LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")			
ARTICLE II - Address:			
The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
HORI Chelsea Lane Same As Principal Lakeland Florida OFFice			
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:			
KIMBERLY D FREEMAN SA = F			
Name			
4021 CHELSEA LANE SE . O			
Florida street address (P.O. Box NOT acceptable)			
LAKELAND FL 33809			
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			

(CONTINUED)

EFFECTIVE DATE 9/4/09

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
NONE	NONE.
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	late of filing: <u>09/04/2009</u> . (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	and the same
Signature of a member	or an authorized representative of a member.
(In accordance with secti	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
KIMBERLY	D. FREEMAN 55 8 25 Sed or printed name of signee
Filing Fees:	ed or printed name of signee
\$125.00 Filing Fee for Articles of Organi	ization and Designation
of Registered Agent \$ 30.00 Certified Copy (Optional)	FEST FE
\$ 5.00 Certificate of Status (Optional)	RATE SZ