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(Re	questor's Name)	
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	cument Number)	•
Certified Copies	_ Certificates	s of Status
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12/23/09--01038--023 **160.00

Effective Date 01/01/2010

T. HAMPTON

DEC 2 4 3009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	y House N Name of Limited Liab	Janny LV Dility Company	_C
The enclosed Articles of Org	anization and fee(s) are submit	ted for filing.	
Please return all corresponde	nce concerning this matter to the	ne following:	
	Theresa Win	of Person	
	Firm/C	Company	
2	8492 Del	Lago Way	
	Bowia S City/State + Urich 11 -mail address: (to be used for future erning this matter, please call:	nongo for and zip cold	34135
E For further information conc	-mail address: (to be used for future erning this matter, please call:	e annual report notification)	
Therespo	Ulrich at (239) 340 Area Code & Daytime Telep	
Enclosed is a check for the	e following amount:		
\$125.00 Filing Fee	Certificate of Status C	55.00 Filing Fee & vertified Copy dditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.	lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

Effective Date 01/01/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4 10 100	~~	**	-		
ART		, Н	I -	Nam	le:

The name of the Limited Liability Company is:

My House Nanny 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:

Pr	in	cir	al	O:	ffice	A	dd	ress	

Mailing Address:

28492 Del Lago Way Bonno Spring 12 34135

28492 Del Lago Way Bouta Springe, Fr. 34,35

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:

Ineresa VIrich

28492 Del Lago Way
Florida street address (P.O. Box NOT acceptable)

Bruta Spring FL 34135

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 (REOUIRED)

(CONTINUED)

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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	Name and Address:
"MGRM" = Managing Member	
MGRM	Theresa Ulrich 28492 Del Lago Way Bonnes Spring, F2 34135
	
	
(Use attachment if necessary)	
	e date of filing: <u>Jar. 1, 2010</u> . (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Len Illen
Signature of a memb	er or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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)

DIVISION OF CERPORATIONS

Theresa Ulrich
Typed or printed name of signee