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(City	//State/Zip/Phon	e #)
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C. LEWIS
FEB 2 3 2010
EXAMINER

COVER LETTER

	ration Section n of Corporations		
SUBJECT:	Suit	Your Fancy, LLC	
SCHOLET	<u> </u>	ted Liability Company	
The enclosed Ar	rticles of Organization and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	c	Corry H. Geiger	
		Name of Person	
	Suit	Your Fancy, LLC	
		Firm/Company	
	282661	Lake Hampton Road	
		Address	
	Hi	lliard, FL 32046	
	Ci	ty/State and Zip Code	
	KGBGe	iger@Windstream.net for future annual report notification)
For further infor	mation concerning this matter, pleas	-	,
	Corry H. Geiger	at (904)	403-3599
	Name of Person	Area Code & Daytime T	elephone Number
Enclosed is a c	heck for the following amount:		
]\$125.00 Filinį	g Fee \$\int \$130.00 \text{ 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limi	: ted Liability Company	is:	
(Must e	Suit Your F	ancy, LLC iability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Addr	ress:		
The mailing address a	and street address of the	e principal office of the Limited	Liability Company is:
Principal Office Add	<u>iress:</u>	Mailing Address:	
282661 Lake Hamr Hilliard, FL 32046	oton Road	282661 Lake Hampton R Hilliard, Fl. 32046	load
(The Limited Liability Comp business entity with an acti	oany cannot serve as its own Rove Florida registration.)	ered Office, & Registered Agent egistered Agent. You must designate an ind the registered agent are:	
	Corry I	H. Geiger	AH AH
_		ime	ASS ASS
	282661 Lake	Hampton Road	ED MII: 27 SEE, FLORIE SEE, FLORIE
		P.O. Box NOT acceptable)	FLST I
	Hilliard, FL 32046	FL	RIE RIE
_	City, Stat	te, and Zip	P
liability company registered agent and statutes relating to	at the place designated agree to act in this capo the proper and complete	to accept service of process for the in this certificate, I hereby accept acity. I further agree to comply with a performance of my duties, and I we gistered agent as provided for in a provided for in the control of	the appointment as ith the provisions of all am familiar with and

Page 1 of 2 (CONTINUED)

"MGR" = Mana; "MGRM" = Mai	ger naging Member	naging Member(s): ger or Managing Member is as follows: CRETARY OF STANDERS AND Name and Address:
MGR		Corry H. Geiger
		282661 Lake Hampton Road
		Hilliard, FL 32046
		
		
(Use attachment	if necessary)	
	•	e date of filing: (OPTIONA)
LE V: Effective	date, if other than the sted, the date must b	e date of filing: (OPTIONAl be specific and cannot be more than five business days
LE V: Effective fective date is lis	date, if other than the sted, the date must b late of filing.)	pe specific and cannot be more than five business days
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must b late of filing.)	pe specific and cannot be more than five business days
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be late of filing.) GNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be late of filing.) GNATURE: Signature of a member of this document cons	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury