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DIVISION OF GORPORATIONS
10 MAR 19 AN TOTAL

T. HAMPTON

MAR 2 2 2010

EXAMINER

COVER LETTER

TO: Registratio Division of	n Section Corporations			
SUBJECT:	10015 For Dro	Janized Suca Liability Company	cessalle	
The enclosed Article	s of Organization and fee(s) are so	abmitted for filing.		
Please return all corr	espondence concerning this matte	r to the following:		
	artoya Go	ordon Name of Person		
Firm/Company				
4191	N Haverhi	11 Rd #422	·	
Wes	st Palm Beac	Address h, FL 334	17	
101		State and Zip Code Uahab. Comparison Truture annual report notification)	·	
For further information	on concerning this matter, please	call:		
<u>Lartoya</u>	GDCdO ne of Person	at (501) 253- Area Code & Daytime Telep	5752 Thone Number	
Enclosed is a check	for the following amount:			
\$125.00 Filing Fee	e \$\square\$\$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 Ci Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

TOOLS FOR Draanized Success, 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:
4191 N flaverhill Rd#422 West Palm Brach, FL 33417	West Palm Brach, FC 33417

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:

Florida street address (P.O. Box NOT acceptable)

West Palm

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE SIVISION OF CORPORATIONS

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" = Managing Member	Lartaja Giordon 1911 No Haverhill Rd #422 West Palm Beach, Fl 33417
(Use attachment if necessary)	
	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
A - 4	(0)0100

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury