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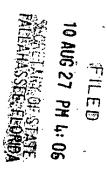
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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Office Use Only



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S. HAWKES

AUG 3 0 2010

EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	<sub>CT:</sub> Kylie's T	's, LLC		
		Name of Limite	d Liability Company	
The end	closed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	ondence concerning this matt	er to the following:	
	Kelly G. Swar	tz		
			Name of Person	
,	Hayworth, Ch	aney, & Thomas, P.A.		
			Firm/Company	
	202 N Harbor	City Blvd., Ste. 300		
•			Address	
	Melbourne, Fl		y/State and Zip Code	
			y/state and Zip Code	
-	kswartz@hctla		or future annual report notification)	
For fur	ther information	concerning this matter, please		
Kelly	G. Swartz		at ( 321) 253-3300	
_	Name	of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check for	or the following amount:		
☑\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	s &
		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	

ARTICLES OF ORGANIZATION	N FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability C	Company is:
Kylie's T's, LLC	<b>2 2 2</b>
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7512 Doctor Phillips Blvd.	7512 Doctor Phillips Blvd.

## Ste. 50-852 Ste. 50-852 Orlando, FL 32819 Orlando, FL 32819

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:

Hayworth,	Chaney, & Thomas, P.A.
	Name
202 N. Har	bor City Blvd., Ste. 300
	Florida street address (P.O. Box NOT acceptable)
Melbourne,	FL 32935
	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

<u>Title:</u> "MGR" = Man	0.450#	Name and Address:	
	ager anaging Member		
MGRM			
WIGRIN	<del></del>	Kelly Melle	
		7512 Doctor Phillips Blvd., Ste. 50-852 Orlando, FL 32819	
		Kelly Melle 7512 Doctor Phillips Blvd., Ste. 50-852 Orlando, FL 32819	3
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(Use attachmen	t if necessary)		
CLE V: Effective	e date, if other than the	date of filing: (OPTIONA	a i
	isted, the date must be	e specific and cannot be more than five business day	S E
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effective date is l 90 days after the o	IGNATURE:  Signature of a member (In accordance with sec	ction 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury	
effective date is l 90 days after the o	Signature of a member of this document constitutat the facts stated here	ction 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury	

Filing Fees:

1. 18.4

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)