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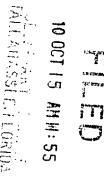
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J. BRYAN

OCT 15 2010

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ABout Name of Limi	ted Liability Company	5 LC.C
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this mat	tter to the following:	
	leiche Si	Name of Person	- <u>5 6</u>
AU A	Bout Yo	W Book's	L.L.C.
213 6	Beth Cir	cle	St. C. 1 L. 5
Tall	lahass	Address o FL 323 ty/State and Zip Code	310
So	Hail 7981	for future annual report notification)	m
For further information co	oncerning this matter, pleas	e call:	
Deiche Name of	Smith	at (\$50) 556 - Area Code & Daytime Tele	6884 ephone Number
Enclosed is a check for 125.00 Filing Fee	,	S155.00 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 Corporation Clifton Building 2661 Executive Center C Tallahassee, FL 32301	S

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All ABout Your Book's L.L.C.

(Must end with the words Efficient Liability Company, "L.L.C.," or "I.I.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
213 Beth Circle	213 Both Circle
Tallahassee FC 32310	Tallahasse FC 32310
	· · · · · · · · · · · · · · · · · · ·

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:

Deiche Smith

Florida street address (P.O. Box NOT acceptable

Tallahassu_{FL} 32310

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: 1/2

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(OPTIONAL)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document

constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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)