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(Re	questor's Name)	
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SECRETARY OF STATE

B. BOSTICK
NOV 3 0 2010
EXAMINER

COVER LETTER

'n
(

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pockets Full of Lov	ie LLC.	
(Must end with the words "Limited Lia		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
2160 17th Street Sarasota, FL 34234	2160 17th Street Sarasota, FC 34234	
Sarasota, FL 34234	Sarasota, FC 34234	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers business entity with an active Florida registration.) The name and the Florida street address of the	red Office, & Registered Agent's Signatures gistered Agent. You must designate an individual or another e registered agent are:	
Jessica A	rena ASA	ت ا س
Nam	na	•
829 Camargo Florida street a	Woy # 101 address (P.O. Box NOT acceptable)	
Altamonte Spring	3S FL 32714 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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jessica Arena 829 Camargo Way #101 Altamonte Springs, Fl 32714
	SECILE I
	SE 29
	TIZ: 52, STATE FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>January 1st</u>, 2011. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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 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.)

Tessica Arena
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)