L110000/8827

(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Bonnie Sierra		
Name of Person		
Firm/Company		
P.O. Box 21322		
West Palu Beach, FL 33416		
West Palu Beach, FL 33416 City/State and Zip Code Donnie . Siefra@ yahoo. Cam E-mail address: (to be used for future addual report notification)		
For further information concerning this matter, please call:		
Bonnie Sierra at (561) 424 1821 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
125.00 Filing Fee \$\sum_{\text{Certificate of Status}}\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)}\$\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)\$\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)\$\$\$\$\$\$\$\$\$\$		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301		



February 4, 2011

BONNIE SIERRA PO BOX 21322 WEST PALM BEACH, FL 33416

SUBJECT: ITSY BITSY LLC Ref. Number: W11000007072

We have received your document for ITSY BITSY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II.

Letter Number: 311A00003076

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5767 Gypsum Pl West Palm Beach, FL 33413	P.O. Box 21322 West Paly Beach, FL 33416
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Bonnie Sieri	
Name	
5767 Gypsui	ess (P.O. Box NOT acceptable)
Florida street addre	ess (P.O. Box NOT acceptable)
West Pain Beach	FL 33413
City, State	e, 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)

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		
MGR	Bonnie Sierra 5767 Gypster PL West Palu Beach, Fl 33413	
MGE	Tran Maddax 80 Pheasant Run Blvd. West Palm Beach, FL 33415	
MGR	Catalina Toledo 1333 Niantic Ter Wellington, FL 33414	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior	
REQUIRED SIGNATURE:	SECRETION O	
	nuccioner = 727	
(In accordance with sectio constitutes an affirmation I am aware that any false	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)	
Bon	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)