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**EXAMINER** 



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DEFARTHEM OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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## **COVER LETTER**

¥

TO: Registration Section Division of Corporati	ons		
SUBJECT:	L'ITSBOOK Name of Limi	ted Liability Company	
The enclosed Articles of Organi	ization and fee(s) are	submitted for filing.	
Please return all correspondence	e concerning this mat	tter to the following:	
	on Kief	Name of Person	
		Name of Cison	
		Firm/Company	
1141	ocala	Rol Address	
Talla	ahasse,	FL 32304 ty/State and Zip Code	
Vi:-mi	_	KitsBroken.Com for future annual report notification)	
For further information concerni			
Name of Person	efc	at ( <u>850</u> ) <u>273-c</u> Area Code & Daytime Telep	1131 hone Number
	ollowing amount:  00 Filing Fee &  ificate 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)
Regis	ing Address itration Section ion of Corporations	Street/Courier Address Registration Section Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
(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 Compa	any is:
Principal Office Address: Mailing Address:	
1141 Ocala Rd Same Tallahassec, FL 32304	
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:  Name    141 Ocala Pd   Florida street address (P.O. Box NOT acceptable)   Florida street	TI CEO

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..

egistered Agent's Signature (REQUI)

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
marm	Jason Kiefer 1141 Ocala Ed Tallasnassee, FL 32304
MGRM	Sheina Hale 141 Ocala Pd Tallahassee, FL 32304
MORM	Steven Dewhurst 307 Rumba Lane Tallahassee, Pl 32364
MORM	Bryant Poston 413 High Point Tallahassee, FL 32301
(Use attachment if necessary)	
<b>LEV:</b> Effective date, if other than the	e date of filing: (OPTIC
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTIC be specific and cannot be more than five business er or an authorized representative of a member.
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of	er or an authorized representative of a member.  8,408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)

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)