## 111000056768

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



200207555732

05/12/11--01014--021 \*\*130.00

2011 MAY 12 AM D: 04
SECRETARY OF STATE
ALL AHASSEF FIRMINA

T. CLINE

MAY 13 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SUP'N Girls, LLC  Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Linda Thompson  Name of Person	
Sup'n Girls Firm/Company	
504 Deer Point Dr	
504 Deer Point Dr  Address  Gulf Breeze, fl 32561  City/State and Zip Code  1 inda · Hompson C mchsi, com  E-mail address: (to be used for future annual report notification)	
City/State and Zip Code  1 inda · Hompson C mchsi, com  Ess E	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	ratio
For further information concerning this matter, please call:    Linda Thompson at (850) 293-1434   Fig.     Name of Person   Area Code & Daytime Telephone Number	<b>Y</b>
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision 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 I - 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 Company is:			
504 Deer Point Dr Gulf Breeze, FL 32561	504 Deer Point Dr Gulf Breeze, Fl 32561		
Culf Breeze	red Agent. You must designate an individual or a fother		
• • •	ccept service of process for the above stated limited		

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' 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	
<del>-</del> -	, —
<u> </u>	Linda Thompson
	504 leer Powt Dr
	- Gulf Breve, FC 32561
the defendable of the control of the	
	ı
	•
(Use attachment if necessary)	
	(077103747)
ARTICLE V: Effective date, if other than the	date of filing: (QPTIONAL) e specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	e specific and cannot be more than five business days prior
of or you difference the difference of the graphs	HAT
	SSE 2
<u>REQUIRED</u> SIGNATURE:	, m_ *
//	To r on authorized representative of a member.
· ///	RATE
Signature of a member	er or an authorized representative of a member.
<i>V</i> /	3.408(3), Florida Statutes, the execution of this document
constitutes an affirmation unde	r the penalties of perjury that the facts stated herein are true.  mation submitted in a document to the Department of State
	y as provided for in s.817.155, F.S.)
	inda Thompson
Ту	ped 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)