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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
JUL 2 6 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporat	ions			
SUBJECT: Too Cute	Too Quick, L			
	Name of Limite	ed Liability Company		
The enclosed Articles of Organ	ization and fee(s) are	submitted for filing.		
Please return all correspondenc	e concerning this matt	er to the following:		
Jamie Dembo	oski			
		Name of Person		
Too Cute Too	Quick, LLC			
		Firm/Company		
6264 SW Bald	d Eagle Dr.			
		Address		
Palm City, FL 3	4990			
		y/State and Zip Code		
jamie_gator@yal	hoo.com	or future annual report notification)		-
For further information concern	·	•		
	ing this matter, piease		16 19 19 19 19 19 19 19 19 19 19 19 19 19	
Jamie Demboski		at (610 393-3377		y paryon Vi
Name of Person	n	Area Code & Daytime Telep	TALL AHASS	Marketon Production
Enclosed is a check for the fe	ollowing amount:		SEC. F	parties §]
	0.00 Filing Fee & Hificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, For Certificate of Status & Certified Copy (additional copy is enclosed)	i
Regi Divi	ling Address stration Section sion of Corporations Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Too Cute Too Quick, LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6264 SW Bald Eagle Dr.	6264 SW Bald Eagle Dr.
Palm City, FL 34990	Palm City, FL 34990
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
Jamie Demboski Name	
6264 SW Bald Ea	agle Dr.
	dress (P.O. Box <u>NOT</u> acceptable)
Palm City	_{FL} 34990
City, St	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	chis certificate, I hereby accept the approximent as y. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, P.S

(CONTINUED)

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

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
WORM - Managing Member	
MGRM	Jamie Demboski
	6264 SW Bald Eagle Dr.
	Palm City, FL 34990
MGRM	Judy Demboski
	6264 SW Bald Eagle Dr.
	Palm City, FL 34990
	
(Use attachment if necessary) LEV: Effective date, if other than the	e date of filing: (OPTIONAL
LE V: Effective date, if other than the	e date of filing: (OPTIONAL be specific and cannot be more than five business days
LE V: Effective date, if other than the	
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days
LE 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 memb	be specific and cannot be more than five business days be specific and cannot be more than five business days be specific and cannot be more than five business days be specific and cannot be more than five business days be specific and cannot be more than five business days be specific and cannot be more than five business days be specific and cannot be more than five business days be specific and cannot be more than five business days be specific and cannot be more than five business days be specific and cannot be more than five business days be specific and cannot be more than five business days be specific and cannot be more than five business days be specific and cannot be more than five business days be specific and cannot be specifically and cannot be specific and
LE 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 a	be specific and cannot be more than five business days our of an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document are the penalties of perjury that the facts stated herein are five remation submitted in a document to the Department of state.
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may after any false infor constitutes a third degree felon	be specific and cannot be more than five business days our or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document, are the penalties of perjury that the facts stated herein are frue remation submitted in a document to the Department of the penalties of perjury that the facts stated herein are frue remation submitted in a document to the Department of the penalties of perjury that the facts stated herein are frue remation submitted in a document to the Department of the penalties of perjury that the facts stated herein are frue remation submitted in a document to the Department of the penalties of perjury that the facts stated herein are frue.
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)