

L110000 88414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

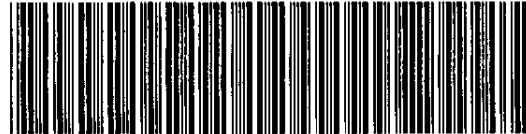
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/29/11--01010--017 \*\*100.00

07/25/11--01010--002 \*\*25.00

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2011 JUL 29 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

AUG 2 2011

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Silly Dilly Tot Spot, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine A. Kyres

Name of Person

Silly Dilly Tot Spot

Firm/Company

4305 W. Kennedy Boulevard

Address

Tampa, FL 33609

City/State and Zip Code

sillydillytotspot@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine A. Kyres

Name of Person

at ( 813 ) 282-8855

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$100 Filing Fee    ☐ \$105 Filing Fee & Certificate of Status    ☐ \$130 Filing Fee & Certified Copy    ☐ \$135 Filing Fee, Certificate of Status & Certified Copy

CR2E097 (8/05)

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**SILLY DILLY TOT SPOT, LLC**

(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:

#### Principal Office Address:

3818 W. Azeele Street  
Tampa, FL 33609

#### Mailing Address:

3818 W. Azeele Street  
Tampa, FL 33609

### 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:

Catherine A. Kyres

Name

3818 W. Azeele Street

Florida street address (P.O. Box **NOT** acceptable)

Tampa

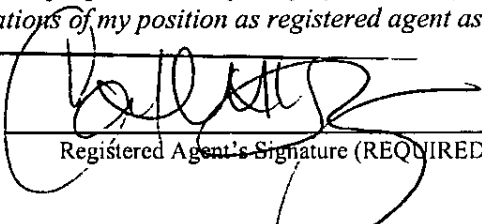
FL 33609

City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Catherine A. Kyres

3818 W. Azeele Street

Tampa, FL 33609

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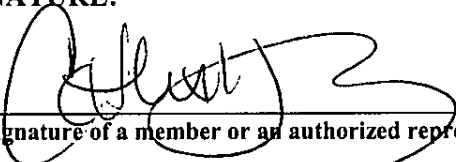
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.817.055, F.S.)

Catherine A. Kyres

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

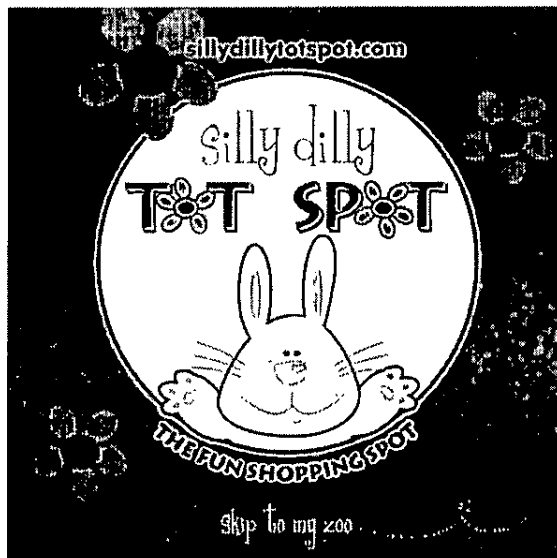
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Retail Store  
4035 W. Kennedy Boulevard  
Tampa, FL 33609  
813.282.8855/F 813.282.8801  
[sillydillytotspot@yahoo.com](mailto:sillydillytotspot@yahoo.com)  
Shopping website: [www.sillydillytotspot.com](http://www.sillydillytotspot.com)

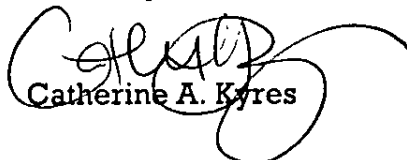
Personal and Confidential  
Jerline Saulsberry  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Saulsberry:

Enclosed please find the Articles of Organization for Silly Dilly Tot Spot, LLC  
Together with a check for \$25.00 to add to our existing \$100.00 check for the  
filing fee.

Thank you for your assistance in this matter. It is greatly appreciated.

Sincerely,

  
Catherine A. Kyres

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TALLAHASSEE, FLORIDA