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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE
AUG 0 8 2011
EXAMINER

EFFECTIVE DATE 7/31/11

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mighty Baby, 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:	
Ileana E. Christianson	
Firm/Company	
1221 Brickell Ave, #1600	
Miami, FL 33/3/ City/State and Zip Code	
ileanae Christianson Caray-vohinson Cora	1
For further information concerning this matter, please call:	
Thema Christian (Mat (305) 389-8666 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	i com ,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limit

ed Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Ileana Christianson	Tleana Christianson
7841 SW 136 St	1221 Brickell Ave, #1600
Miamifl 33/56	MIAMI, EL 33131

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:

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| The name and the registered agent are:
| The name are:
| The name

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..

(CONTINUED)

Page 1 of 2

FEEECTIVE DATE 7/31/11

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGTRH	Ileana E. Christianson 1841 SW 136 St mami Fr 33156
MGTRM	Yadira Rogers 2310 NE 50 St Lighthouse Point, FL33064
(Use attachment if necessary) ARTICLE V: Effective date, if other than the fan effective date is listed, the date must or 90 days after the date of filing.)	ne date of filing: July 31, 20 // be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	ber or a wanthorized representative of a member.
(In accordance with section 6 constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. It is provided in a document to the Department of State only as provided for in s.817.155, F.S.)
	ana E. Christianson Typed or printed name of signee
Filing Fees:	
	Ø≥ I
\$125.00 Filing Fee for Articles of Or	ganization and Designation
of Registered Agent	ganization and Designation
	ganization and Designation