L11000099383

(Requestor's Name)					
(requester o reality)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Onficiale)2.ph Hote hy					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400211300634

08/29/11--01012--007 **125.00

11 AUG 29 PH 2: 58
SECRETARY OF STATE
AND AHASSEE, FLORIO

J. BRYAN

AUG 3 0 2011

CYAMNIFR

COVER LETTER

	TO:	Registration Sec Division of Corp						
	SIIRI	SUBJECT: YOU'RE SIMPLY GORGEOUS, LLC						
Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing.								
		Darla Speigne	r					
		***************************************		Name of Person				
				Firm/Company	器量不			
		5913 Granger	Rd.		强 6			
				Address	SSE S			
	Marianna, FL 32446 City/State and Zip Code							
	5							
		auturnis_waik	ers@yahoo.com E-mail address: (to be used	for future annual report notification)	<u> </u>			
	For fu	For further information concerning this matter, please call:						
	Darla Speigner Name of Person			at (334) 791-8394 Area Code & Daytime Telepho	one Number			
	Enclo	sed is a check for	the following amount:					
/	\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)			
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	sle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
YOU'RE SIMPLY GORGEOUS, 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

ARTICLE I - Name:

Principal Office Address:	Mailing Address:				
5913 Granger Rd.	5913 Granger Rd.	_			
Marianna, FL 32446	Marianna, FL 32446				
ADTICLE III. Desistand Apont Desistand	Office & Designand Agent's Signat				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)				ĥ,	
The name and the Florida street address of the registered agent are:					
Darla Speigner	ASTAF	329			
The name and the Florida street address of the registered agent are: Darla Speigner Name Name				Ç.	

Company is:

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

Marianna FL 32446

City, State, and Zip

5913 Granger Rd.

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)

Page 1 of 2

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	Darla Speigner 5913 Granger Rd. Marianna, FL 32446	
		SECRETARIO TO THE
		29 PH 2:
(Use attachment if necessary) ARTICLE V: Effective date, if other than the lift an effective date is listed, the date must so or 90 days after the date of filing.)	ne date of filing:	OPTIONAL) an five business days prior
REQUIRED SIGNATURE:	Speigne	
(In accordance with section 6	her or an authorized representative of a 08.408(3), Florida Statutes, the execution of her the penalties of perjury that the facts sta	of this document

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

I am aware that any false information submitted in a document to the Department of State

Darla Speigner
Typed or printed name of signee