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2011 OCT 11 AMIL: 50 SECKETARY OF STATE

T. HAMPTON

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	orporations			
support. Beaut	tiful Maternity Clot	hing LLC		
SUBJECT:		d Liability Comp	any	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filin	ıα	
				,
Please return all corresp	ondence concerning this matte	er to the following	3 :	
Crystal B	radley			
		Name of Person		_
Beautiful	Maternity Clothin	g LLC		
		Firm/Company		<u> </u>
100 Belle	Grove Lane			
		Address		
Poval Pain	n Beach, Fl. 33411			
i toyai i aiii		State and Zip Cod	le	
Beautifulma	atemityclothing@gma			
	E-mail address: (to be used for	or future annual rep	ort notification)	
For further information	concerning this matter, please	call:		
Crystal Bradley		at (561	902-9196	
Name	of Person		e & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:			
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional cop		\$160.00 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	Registrate Division Clifton I 2661 Ex	Courier Address tion Section to of Corporation Building tecutive Center (see, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	CL	Æ	I	-	N	am	e:
---	---	----	----	---	---	---	---	----	----

The name of the Limited Liability Company is:

Beautiful Maternity Clothing 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:	Mailing Address:
100 Belle Grove Lane	100 Belle Grove Lane
Royal Palm Beach	Royal Palm Beach
Fl. 33411	FI, 33411

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:

Name

100 Belle Grove Lane

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

Royal Palm Beach

FL 33411

City, State, and Zip

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.

Rogistered Agent a Signature (REQUITEE

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	er
MGRM	Daniel Bradley
	100 Belle Grove Lane
	Royal Palm Beach, Fl., 33411
	*** IFF Class Class =
Managed to add Spring for his constraint of the	
(Use attachment if necessary)	
•	han the date of filing: (OPTION
CLE V: Effective date, if other t	han the date of filing: (OPTION must be specific and cannot be more than five business da
CLE V: Effective date, if other t	han the date of filing: (OPTION must be specific and cannot be more than five business da
CLE V: Effective date, if other t	han the date of filing: (OPTION must be specific and cannot be more than five business da
CLE V: Effective date, if other teffective date is listed, the date days after the date of filing.)	han the date of filing: (OPTION must be specific and cannot be more than five business da
CLE V: Effective date, if other to effective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	han the date of filing: (OPTION must be specific and cannot be more than five business date and cannot be more than five business date.
CLE V: Effective date, if other to ffective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation I am aware that any fall constitutes a third degree.	must be specific and cannot be more than five business da

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)