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EXAMINER



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COVER LETTER

TO:	Registration of	on Section Corporations		
SUBJE	CT. Little	e Sprouts, LLC		
SUBJE	<u></u>	 	ted Liability Company	
The end	closed Article	es of Organization and fee(s) are	submitted for filing.	
Please 1	return all corr	respondence concerning this mat	ter to the following:	
-		Portia	Smith, CEO	_
			Name of Person	
_		Little	e Sprouts, LLc	
			Firm/Company	
		1962	2 Wyatt Street	
			Address	
	•	Pensa	acola, Florida 32514	
-	,		ty/State and Zip Code	_
_			rtias2000@yahoo.com for future annual report notification)	
For furt	her informati	on concerning this matter, please	e call:	
	Portia	Smith	at (850) 261-4622	
• • • • • • • • • • • • • • • • • • • •	Na	me of Person	Area Code & Daytime Telephone Number	
Enclose	ed is a checl	k for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose)	
		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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
	,
Little Sprouts, LLC.	
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1962 Wyatt Street	Same As Principal Office
Pensacola, Florida 32514	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Portia Smith	ALL SECTION ALL
Name	AA ST
1962 Wyatt Street	ress (P.O. Box NOT acceptable)
Florida street addr	ress (P.O. Box NOT acceptable)
Pensacola	FL 32514
City, Stat	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited as certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Meml	Name and Address:
MGR	Portia Smith
	1962 Wyatt street
	Pensacola,FI 32514
· · · · · · · · · · · · · · · · · · ·	
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE	than the date of filing: (OPTION must be specific and cannot be more than five business d
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE. Signature of	than the date of filing: (OPTION must be specific and cannot be more than five business defined by the specific and
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal am aware that any file.)	a member or an authorized representative of a member. exciton 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. alse information submitted in a document to the Department of State
fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE. Signature of (In accordance with seconstitutes an affirmal am aware that any files.)	than the date of filing: (OPTION or must be specific and cannot be more than five business decision for an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.

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)