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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	TOTS and	d Polka Doted Liability Company	s Resale, LL
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this matt	ter to the following:	
	Stacy 1	Powell Name of Person	<del> </del>
		Firm/Company	
	405 Twin		
	<u>Pensacola</u>	Address FL 32534 y/State and Zip Code	
	E-mail address: (to be used f	or future annual report notification)	ahoo.com
For further information co	oncerning this matter, please	call:	
Stacy Pame of	DWE []	at ( <u>950</u> ) <u>549</u> - Area Code & Daytime Telep	8133 hone Number
Enclosed is a check for \$125.00 Filing Fee	the following amount:  \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Tiny Tots and Polka Dots Res  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	ale, LL.C
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	Liability Company is:
Principal Office Address: Mailing Address:	
405 Tuàn Bay Drive 405 Tuàn Bo Pensacoky, Fl 32534 Hensacola, F	<u>u Drive</u> <u>-1. 325</u> 34
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an ir business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Stacy Powell	
405 Twin Bay Drive  Florida street address (P.O. Box NOT acceptable)	
Persacolo, FL 32534 City, State, and Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply we statutes relating to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for its	t the appointment as vith the provisions of all I am familiar with and
Registered Agent's Signature (REQUIRED)	11 NOV SECRETA
(CONTINUED)	ASSEE, FL
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 Member	Name and Address:
"MGRW = Managing Member	Stacy Powell 405 Twin Ray De. Pensacola Fl. 32534
"MGR"	Stephanie Haymon 3001 Desert St. Pensacola, FL 32814
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: Jan. 1, 2012. (OPTIONAL) be specific and cannot be more than five business days prior

### **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.817.155, F.S.)

TOO FOWELL
Typed br printed name of signee

### 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)