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(Re	equestor's Name)	
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(Business Entity Name)		
(Document Number)		
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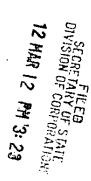
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EXAMINER



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COVER LETTER

Division of Corporations		
SUBJECT: Veronica's Cozy Cottage Name of Limited Liability Company		
Name of Limited Liability Company		
SUBJECT: Veronica's Cozy Cottage 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:		
Darren Milton		
Name of Person		
Veronica's Care Inc		
Film/Company		
P.O. Box 12816		
Address		
St. Petersburg, FL 33733 City/State and Zip Code dicMilton@msn.com E-mail address: (to be used for future annual report notification)		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Darren Milton at (727) 280-3214		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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 Circle Tallahassee, FL 32301		

ARTICLE II - Name: The name of the Limited Liability Company is: Veronic C'S Cozy Cottage 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: 6256 Dr MLK Tr St So ST Petersburg, FL 33705 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: Chaylotte Givens Name 4310 W Apcht ST Florida street address (P.O. Box NOT acceptable) TAWPA 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.	ARTICLES OF ORGANIZATION FOR FLO	to the second	
Matticle II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Maili		12 C	
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	Darren Milton 6255 Dr. MLK Jr. St So ST. Petersburg FL 33705
MGR.	Veronica Milton 6255 Dr MLK Jr St S. ST Retersburg, FL 33705
	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	m1.04
	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document
constitutes an affirmation unde	r the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
Darren M	Ped or 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)