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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(2000.000 2000, 000.000,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE

MAR 2 8 2012 T. HAMPTON

COVER LETTER

TO:	Registration Division of C			
SURI	_{ECT} . Made	ByMe4U.Com, Ll	_C	
50 20			ed Liability Company	
The er	nclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please	return all corres	pondence concerning this matt	er to the following:	
	Robert E	Bitters		
			Name of Person	
71.5	MadeBy	Me4U.Com, LLC		
, M			Firm/Company	
	851 Nort	h Donnelly Street,	Ste. C	
			Address	
	Mount Doi	a, FL 32757		
		·	//State and Zip Code	
	Info@Made	eByMe4U.Com	or future annual report notification)	·
For fu	rther information	concerning this matter, please	·	
Marl	k S. Thomas	S	at (352) 372-4381	
	Name	e of Person	Area Code & Daytime Teleph	ione Number
Enclo	sed is a check f	or the following amount:		
\$125.0	0 Filing Fee [\$130.00 Filing Fee & Certificate of Status	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 Cir Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MadeByMe4U.Com, 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:

h Donnelly Street, Ste. C
ora, FL 32757

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:

Robert Bitters		
Name		
851 North Do	onnelly Street, Ste. C	
Florida	street address (P.O. Box NOT acceptab	
Mount Dora	_{FL} 32757	
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

DIVISION OF CORPUDATIONS

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:
MGR	Robert Bitters 851 N. Donnelly Street, Ste. C
	Mount Dora, FL 32757
	
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days pr
90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	ember or an authorized representative of a member.
(In accordance with section constitutes an affirmation to	n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State telony as provided for in s.817.155, F.S.)

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)