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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	_
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TO CO

T. CLINE

MAY 30 2012

EXAMINER

COVER LETTER

of the control of the	
TO: Registration Section Division of Corporations	
SUBJECT: Hor Lips, LLC 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:	
JENNIFER T. GREEKLY	
Name of Person	
HOT Lips	
Firm/Company	
1060 GULF BOULEVARS	
Address	
CLEARWATER BEACH, FL 33767	
City/State and Zip Code	
Le nnyfett C yahoo Com E-mail address: (lo be used for future annual report notification)	
For further information concerning this matter, please call:	
JENNIFER T. COLLEGY at (727) 418-9312 Name of Person Area Code & Daytime Telephone Number	Sfleeting man
Name of Person Area Code & Daytime Telephone Number	necrease provide
Enclosed is a check for the following amount:	(K)
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$\ \text{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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
Hor Lips, LLC	
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1060 GULF BOULEVARD CLEARWATER BEACH, PL 33767	1960 GRE BOULLAND CLEARUSTER BEACH, FC 33767
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
JENNIFER T	- Contlety
Nat	me /
1060 GULF BOO	ULEUARS
	address (P.O. Box NOT acceptable)
CLEARWATER BEA	1CH _{FL} 33767
City,	, State, and Zip
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated fimited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S
Kenneke 7	Gully 35 25
Registered Agent's Sig	gnature (REQUIRED)

(CONTINUED)

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	Name and Address:
"MGRM" = Managing Member	
MGR.	JEANNIFER T. GREEKLY 1060 GUF BOULLIANS CHARWATER BEACH, H 33767
*	
n effective date is listed, the date must b r 90 days after the date of filing.)	e date of filing: <u>Jule 1, 2012</u> . (OPTIONAL) be specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	
Lennel	er or an authorized representative of a member.
Senature of a memb	er or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein appears mation submitted in a document to the Department of the penalties of perjury that the facts stated herein appears a provided for in \$ 817, 155 F.S.)
	y as provided for in s.o. 77.155, 1.55.)
<u> </u>	
, , , , , , , , , , , , , , , , , , ,	yped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)