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C. LEWIS

OCT 29 2012

EXAMINER

COVER LETTER

	TO:	Registration Se			,-	
	•	Division of Cor	rporations			
	SUBJE	_{cr:} Razzle	e Dazzly Design	s, LLC.		
				ted Liability Company	/	
	The end	losed Articles of	Organization and fee(s) are	submitted for filing.		
	Please r	eturn all correspo	ondence concerning this ma	tter to the following:		
		llona T Ja	uffo.			
	-	ilona i se		Name of Person		
				Firm/Company		
				rimi/Company		
		973 Grand	de Haven Drive			
	-			Address		
	7	itusville, F	1 32780			
	-	itaovino, i		ty/State and Zip Code		
	Į	า8361s@ao	l.com			
	-		E-mail address: (to be used	for future annual report r	notification)	
	For furt	her information o	oncerning this matter, pleas	se call:		
	llona	T. Jaffe		561	270 4400	
	110114		f Person	at (379-4109 Daytime Telephone Number	
		Nume o	7 1 (730)	And odd to	Day time Telephone (valide)	
	Enclose	ed is a check for	the following amount:			
\	§125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing I Certified Copy (additional copy is	Certificate of Status &)
	٠		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Build	Corporations Iding tive Center Circle	

ARTICLE I - Name: The name of the Limited Liability Company is: Razzle Dazzly Designs, 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: 973 Grande Haven Drive Titusville, FL 32780 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:

Ilona T. Jaffe

Name

973 Grande Haven Drive

Florida street address (P.O. Box NOT acceptable)

Titusville

_{FL} 32780

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)

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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MGRM	Ilona T. Jaffe 973 Grande Haven Drive Titusville, FL 32780
MGRM	Sarah K. Renner
	25435 SW 22nd Place
	Newberry, FL 32669
Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a member or an authorizott 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.)

Ilona T. Jaffe

Typed 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)