## 12000/49340

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

G. MCLEOD

NOV 2 9 2012

**EXAMINER** 



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SECRETARY OF STATE
LLAHASSEE, FLORIDA

FT.

(850) 245-6051.

## COVER LETTER

TO: Registration Section

**Division of Corporations** 

SUBJECT: Hello Little One, 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:

Lucy A. Chase

Name of Person

Hello Little One, LLC

Firm/Company

2001 SW 80th Street

Address

Ocala, Florida 34476

City/State and Zip Code

jmc111@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucy A. Chase

\_352

266-6618

Name of Person

Area Code & Davtime Telephone Number

Enclosed is a check for the following amount:

**□\$125.00** Filing Fee

□\$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 Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:				
The name of the L	imited Liability Company is:				
Hello Little One, LLC	fust end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - A		ncipal office of the Limited Lia	ability Co	ompai	ny is:
Principal Office	Address:	Mailing Address:			
2001 SW 80th Street		2001 SW 80th Street			
Ocala, Florida 34476		Ocala, Florida 34476			
(The Limited Liability C business entity with an		Office, & Registered Agent's red Agent. You must designate an indivi-		ther 12 NOV 28	Security states
	2001 SW 80th Street		السارد سيين	PH	1
		ress (P.O. Box NOT acceptable)	LORIDA	2: 44	الإعيز بنيعا
	Ocala, Florida 34476	FL	<u> </u>	#	
	City, Sta	te, and Zip			
liability compo registered agent all statutes rela	any at the place designated in the and agree to act in this capaciting to the proper and complete	accept service of process for the his certificate, I hereby accept the ty. I further agree to comply with the performance of my duties, and gistered agent as provided for in ure (REQUIRED)	he appoir ith the pr l I am fan	ntmen ovisio niliar	t as ons of with

(CONTINUED)

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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	r
MGR	Lucy A. Chase
	2001 SW 80th Street
	Ocala, Florida 34476
MGRM	Joshua W. Chase
	2001 SW 80th Street
	Ocala, Florida 34476
<del></del>	
(Use attachment if necessary)	
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of file REQUIRED SIGNATURE:	
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of file.  REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation 1 am aware that any false)	e must be specific and cannot be more than five business da
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of file.  REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation 1 am aware that any false)	member or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)