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C. LEWIS
JAN 8 2013
EXAMINER

LAZARUS

CR2E031(7/97)

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 5	52-59/3
COPPODATION NAME(C) (C. DOCTO	Office Use Only
CORPORATION NAME(S) & DOCU	MENI NUMBER(S), (if known):
1. Saving EVER (Corporation Name)	BYDAY MOMENTS, LL(
2. (Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait	2.00
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:		
SAVIN	G EVERYDAY MO	MENTS, LLC.	
(Must end with the wo	rds "Limited Liability Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principa	al office of the Limite	d Liability Company is:
Principal Office Address:	<u>Ma</u>	iling Address:	
104 LAKEWOOD DRIVE, 2		4 LAKEWOOD DR	
JUPITER, FL. 33458	ੁਹ	PITER, FL. 334	458
JUPITER, FL. 33458 ARTICLE III - Registered Age (The Limited Liability Company cannot sern business entity with an active Florida regis) The name and the Florida street a	nt, Registered Offi we as its own Registered Aptration.)	ce, & Registered Aggent. You must designate an	ent's Signature: individual or another
	WARDAT ENT	are angular and a	7
		in ci	
	Name		3
104_LA	KEWOOD DRIVE,		AH 10: 09
	Florida street address (P.O. Box <u>NOT</u> acceptable	;) 6 5
JUPITE	R, FL. 33458		

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

		5 14 44
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: 2013 JAN - 7 AM	10: (
MGRM	JULIE MADDALENI 104 LAKEWOOD DRIVE, 210	
	JUPITER, FL. 33458	
(Use attachment if necessary)		
n effective date is listed, the date	an the date of filing: (OPTIONAl must be specific and cannot be more than five busineing.)	AL) ss d
n effective date is listed, the date r to or 90 days after the date of filin	must be specific and cannot be more than five busine	AL) ss d
n effective date is listed, the date r to or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a recordance with section constitutes an affirmation I am aware that any false constitutes a third degree	must be specific and cannot be more than five busine	AL)