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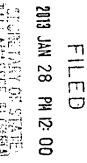
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(850) 245-6051.

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT. Bee Sew Happy 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:

Nellie M. Fitzgibbon

Name of Person

Bee Sew Happy LLC

Firm/Company

5337 MOUNTAIN LAUREL LN

Address

MILTON, FL 32570

City/State and Zip Code

BEESEWHAPPYBOUTIQUE@YAHOO.COM

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

For further information concerning this matter, please call:

NELLIE FITZGIBBON

..682

597-1514

Name of Person

Area Code & Daytime 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 - Name:		
The name of the Limited Liability Compan	y is:	
BEE SEW HAPPY 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	he principal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
5337 MOUNTAIN LAUREL LN	5337 MOUNTAIN LAUREL LN	
MILTON, FL 32570	MILTON, FL 32570	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		al or another
The name and the Florida street address of	the registered agent are:	2019 J
NELLIE FITZGIBBON		
, and the second	Name	1 28 ASSEE
5337 MOUNTAIN LAUREL L	N	宝 足 口
Florida stre	et address (P.O. Box NOT acceptable)	<u> </u>
MILTO	N _{FL} 32570	2
Ci	ty, State, and Zip	er ywer

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..

Nellie M. Attaibbar Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGR	NELLIE FITZGIBBON
	5337 MOUNTAIN LAUREL LN
	MILTON FL 32570
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary	<i>(</i>)
CLE V: Effective date, if other	er than the date of filing: (OPTIONAL)
	late must be specific and cannot be more than five business day
REQUIRED SIGNATURI	
	Nellie In. Htsgibbon
Signature 6	A deposition of the contract o
constitutes an affirm I am aware that any	section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. False information submitted in a document to the Department of State egree felony 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)

Typed or printed name of signee