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(Re	equestor's Name)		
(Address)			
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(850) 245-6051.

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COVER LETTER

TO:

Registration Section *
Division of Corporations

SUBJECT:

GRAB A BUBBLE

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:

Fum/Company

269 11th ave

S. Rea

Address

naples

11 34107

TNDYLEELEE @ COMCAST. NET

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

For further information concerning this matter, please call:

XII JUGA Nayle of Person

at (239) 227 - 857

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/Conrier 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:	
GRAB A BUBBLE L (Must end with the words "Limited Llabil	LC ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
269 1/th ave. S. REAR Dapers, 71 34102	<u>Same</u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
269 11th av	C. S. REAR
	rress (P.O. Box <u>NOT</u> acceptable)
1 140les , 1 1 City, St.	FL 3 4 10 2
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

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

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

<u>Fitle:</u> 'MGR" = Manager	Name and Address:
'MGRM" = Managing Member	I 111.
MUR	Lee a. Jayer S. R
	napers, 71 34102

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing 03/04/20/3. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized 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.)

LEE A. VAGGI

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)

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