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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SCORETARY OF STATE ALLAHASSEE, FLORIDA

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JUL 28 2013

COVER LETTER

TO:

Registration Section Division of Corporations

MERMAIDS BY THE SEA TOYS, 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:

MITCHELL T. MCRAE, ESQ. MCRAE LAW OFFICES, P.A. Firm/Company 5300 WEST ATLANTIC AVENUE, SUITE 412 Address DELRAY BEACH, FL 33484 City/State and Zip Code mmcrae@mcraelawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

MITCHELL T. MCRAE

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 Li	ability Company is:				
MERMAIDS BY THE SEA TOYS, (Must end with		y Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and str	reet address of the pri	ncipal office of the Limited	Liability Company is:		
Principal Office Address:		Mailing Address:			
1116 HIGHLAND BEACH DRIVE HIGHLAND BEACH, FL 33487		1116 HIGHLAND BEACH DRIVE HIGHLAND BEACH, FL 33487			
	not serve as its own Registe	Office, & Registered Agen red Agent. You must designate an inc			
The name and the Florida s	treet address of the re	gistered agent are:			
NATHAL	IE M. BARNES				
	Name				
1116 HIG	SHLAND BEACH DRIVE				
		ress (P.O. Box NOT acceptable)			
HI	GHLAND BEACH	FL 33487			
	City, Stat	e, and Zip			
liability company at the registered agent and agre all statutes relating to the	place designated in the e to act in this capaci e proper and complete	ccept service of process for to his certificate, I hereby accept ty. I further agree to comply performance of my duties, a histered agent as provided for	t the appointment as with the provisions of nd I am familiar with		
			75 Z		
R	egistered Agent's Signatu	re (REQUIRED)			
	(CONTINU Page 1 of 2	JED)	L 26 MILL MARY OF STA		

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager	NA . 1 .	
"MGRM" = Managing	Member	
MGRM	NATHALIE M. BARNES	
	1116 HIGHLAND BEACH DRIVE	_
	HIGHLAND BEACH, FL 33487	_
		_
MGRM	MARTIN DRISCOLL	
	1116 HIGHLAND BEACH DRIVE	_
	HIGHLAND BEACH, FL 33487	_
		_
		
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	f other than the date of filing: (OPT) the date must be specific and cannot be more than five by	
LE V: Effective date, if ffective date is listed, or 90 days after the da	f other than the date of filing: (OPT) the date must be specific and cannot be more than five bute of filing.)	
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