43000/20582

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entry Harris)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only



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Effective Date 9/25/13

13 AUG 23 PH 3:

SECRETARY OF STATE

BIVISION OF COMPORATION



AUG 2 6 2013 T. HAMPTON

COVER LETTER

TO: Registration S Division of Co			·
SUBJECT: AL	Name of Limit	EVerything ed Liability Company	LLC
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	Brendo	a McEwe	20
		Name of Person	
	. 1	Firm/Company	()
	472 Ar	Mencana E	olud.
		Address	<u></u>
	NW	Jalm Bay	F1 32-907
	BrendaN	y/State and Zip Code JEWEN 38 for future annual report notification)	F1 32-90) @ yaho.coh
For further information	concerning this matter, please	e call:	. .
James Name	Daryas of Person	at (321) 557 Area Code & Daytime Telep	5 ldlo 4 Thone Number
Enclosed is a check for	or the following amount:		
13 25.00 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	Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Division of Corporations

RECEIVED

13 AUG 23 PM 3:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 13, 2013

BRENDA MCEWEN 472 AMERICANA BLVD NW PALM BAY, FL 32907

SUBJECT: ALL ABOUT EVERYTHING LLC

Ref. Number: W13000045163

We have received your document for ALL ABOUT EVERYTHING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 12, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00019364

Effective Date 9/15/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AU ABOUT EVENTHING L.C.," or "LLC.")

(Must end with the words "Limited Dability Company," L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
971 Avrora Logo Melbourne Fl	971 Avora Ro 30.735 Melbourne Fl 30	735 ·

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

Name

Name

Name

Notate address (P.O. Box NOT acceptable)

NE Palm Bay FL 32-905

City, Slate, and Zip

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF COMPORATIONS

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 Member	Name and Address:
MGRM	James Dorras 1077 Galty Circle NE Palm Bay Fl 32905
mgr	Brenda Mc Ewen 472 Americana Blud. Nw Palm Boy Fl 32907
(Use attachment if necessary)	
(Use attachment if necessary) TICLE V: Effective date, if other than the	ne date of filing: 15, 20/3 st be specific and cannot be more than five business of

REQUIRED SIGNATURE:

prior to or 90 days after the date of filing.)

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.)

OWNES Dayra S
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)