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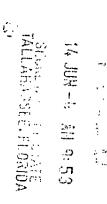
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Hey Little Sister Design, L.L.C.</u> Name of Lin	nited Liability Company	
	closed Articles of Organization and fee(s) a		
Please	return all correspondence concerning this m	natter to the following:	
	Danielle Joy Lamb	Name of Person	
	Hey Little Sister Design, L.L.C.	Firm/Company	
	1699 Northwest 16th Avenue	Address	
	Homestead, Florida 33030	City/State and Zip Code	
_da	anielle@heylittlesisterdesign.com E-mail address: (to be use	ed for future annual report notifica	tion)
For fur	ther information concerning this matter, ple	ase call:	
<u>Danie</u>	Name of Person	305) 582-4023 Area Code Daytime Tel	ephone Number
	ed is a check for the following amount: 00 Filing Fee \$\sum \frac{1}{3}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 Adding Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Hey Little Sister Design, L.L.C. (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1699 Northwest 16th Avenue Homestead, Florida 33030	1699 Northwest 16th Avenue Homestead, Florida 33030
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Danielle Joy Lamb	
Name	
1699 Northwest 16th Avenue	NOT assentable)
Florida street address (P.O. Box	NOT acceptable)
<u>Homestead</u> City	FL 33030 Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this if all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S
Danielle S Registered Agent's Signat	
(CONTINUE	ED)
Page 1 of 2	M 9:53

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Danielle Joy Lamb
	1699 Northwest 16th Avenue
	Homestead, Florida 33030
AMBR	Melissa Lynne Hoffman
	1699 Northwest 16th Avenue
	Homestead, Florida 33030
(Use attachment if necessary)	
EV: Effective date, if other than the ective date is listed, the date must b	date of filing: <u>June 1, 2014</u> . (OPTIONAL) e specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ective date is listed, the date must b of filing.)	date of filing: <u>June 1, 2014</u> . (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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ARTICLE IV-