

L14000128219

(Requestor's Name)

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(City/State/Zip/Phone #)

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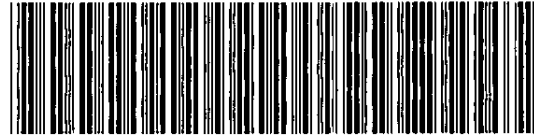
(Business Entity Name)

(Document Number)

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Effective Date 8/15/14

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14 AUG 14 AM 11:39  
DIVISION OF CORPORATION

FILED  
14 AUG 14 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 15 2014

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**DATE: 8/14/14**

**NAME: THE NANNY NIT PRODUCT LINE, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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Effective Date 8/15/14

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Nanny Nit Product Line, 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 principal office of the Limited Liability Company is:

**Principal Office Address:**

7789 NW 113 Way  
Parkland, FL 33076

**Mailing Address:**

7789 NW 113 Way  
Parkland, FL 33076

**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:

Michele Barrack

Name

7789 NW 113 Way

Florida street address (P.O. Box **NOT** acceptable)

Parkland,

FL 33076

City

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company, I hereby accept the appointment as registered agent and agree to perform the duties of my position in full and complete 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 prescribed in Chapter 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
AUG 14 AM 10:50

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Michele Barack

7789 NW 113 Way

Parkland, FL 33076

14 AUG 14 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

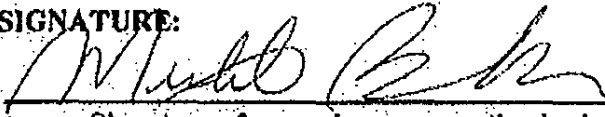
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 15, 2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Michele Barack

Typed or printed name of signer

**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)