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COVER LETTER

Registration Section

TO:

Division of Corporations			
SURJECT. St. Nich	k's Holiday Shoppe Li	.C	
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Nick Lawre	ence		
	(1	Name of Person)	
	(Firm/Company)	
206 Drake	St.		
		(Address)	
Celebratio	on, FL 34747		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Nick Lawrence		at (407) 402-7500	
(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 Liability Company is:	•
St. Nick's Holiday Shoppe LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
206 Drake St. Celebration, FL 34747	206 Drake St. Celebration, FL 34747
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Nick Lawrence	red Agent. You must designate an individual or another
Name	
206 Drake St.	
	ress (P.O. Box NOT acceptable)
Celebration	FL 34747
City, State, ar	
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	
Page 1 of 2	,

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

Title:		nd Address:
$"MGR" = M_8$		
"MGKM" = I	Managing Member	
MGRM	Stacey M	/IcGill
	206 Drake	St.
	Celebratio	on, FL 34747
MGR	Nick Law	rence

	Celebratio	on, FL 34747
-		
	Anterior de la constantina della constantina del	
		
	 	
	- William Wall	-
(Use attachm	ent if necessary)	
CTEV. Decad	ive data if athoughough a data of filing	: <u>/2-/2-/5</u> .(OPTIONA
CLE V: Elleci affective deta i	ive date, if other than the date of filing: s listed, the date must be enecific and	d cannot be more than five business days
	e date of filing.)	d cannot be more than five business day:
,	,	
DEOLUDED	CECRIA TELEPE	
REQUIRED	SIGNATURE:	
	A 1 Mc &	
	Signature of a member or an author	rized representation member.
	(In accordance with section 608.408(3) of this document constitutes an affirmathat the facts stated herein are true.)	ation under the penalties of perjury
	Stacey McGill	
	Typed or printed n	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)