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COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	T: Becky 6 Name of	Handmade Soap, LLC Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this	s matter to the following:
	Rebecca	Zizzo Name of Person
	Becky's	Handmade Soap, LLC
	13008 Oa	kwood Drive
	Hudson bzizzo(E-mail address: (to be u	FL 34669 City/State and Zip Code O Verizon.net sed for future annual report notification)
For further i	information concerning this matter, pl	ease call:
	Rebecca Zizzoat Name of Person	(727) 967.4283 Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	. *
\$ 125,00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building
	Taliahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Becky's Handman (Must end with the words "Limited Liability C	ade Scap, LLC. Company, "L.L.C.," of "ELC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
13008 Oakwood Dr. Hudson, FL 341069	13008 Oakwood Dr. Hudson, FL 34669
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	लेत के

13008 Oakwood Dr.

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

Hudson FL 341069

City State Zip

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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 605, F.S..

Rebecco

Registered Agent's Signature (REQUIRED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Rebecca Zizzo 13008 Oakwood Dr. Hudson Fl. 341669
ective date is listed, the date must be specific arof filing.)	g: (OPTIONAL)
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) the date inserted in this block does not meet the nent's effective date on the Department of State	applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific ar filing.) the date inserted in this block does not meet the nent's effective date on the Department of State EVI: Other provisions, if any.	applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date of filing extive date is listed, the date must be specific and filing.) the date inserted in this block does not meet the ment's effective date on the Department of State EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of I am aware that any false inform constitutes a third degree felony REDECCO	applicable statutory filing requirements, this date will not is records. Tan authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. and an submitted in a document to the Department of State as provided for in s.817.155, F.S.

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