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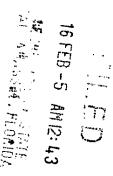
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FEB 1 .7 2016

S. GILBERT



TO: Registration Section
Division of Corporations

SUBJECT	A Little Claireification, LLC
50 5 05	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Claire Wildman Mola
	Name of Person
	A Little Claireification
	Firm/Company
	2951 Eglington Dr
	Address
	Orlando, Florida 32806
	City/State and Zip Code claire@alittleclaireification.com
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Claire W. Mola 407 463-8076
·	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
]\$125.00 Fi	ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (a

Mailing Address

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

Street Address

New Filing 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	y Company is:			ED
A Little Claireificatio				16 FEB - 5 AM 12. 4 a
(Must end v ARTICLE II - Address: The mailing address and street ad		I Liability Company, "L	•	ALL ARE PLORIDA
<u>Principa</u>	l Office Address:		Mailing Add	dress:
2951 Eglington Drive Orlando, FL 32806			lington Drive , FL 32806	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ad-	cannot serve as its own ctive Florida registration	Registered Agent. You on.)		ndividual or
	Claire Wildman Mol	a		
		Name		
	2951 Eglington Drive			
	Florida street addres	s (P.O. Box NOT accep	otable)	
	Orlando	Florida	32806	
	City	State	Zip	
Having been named as registered a olace designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	I hereby accept the appovisions of all statutes religations of my position	ointment as registered a elating to the proper and	gent and agree to ac I complete performa rovided for in Chapt	ct in this capacity. I nnce of my duties, and I
		(CONTINUED)		

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Claim Wildman Mala
MGR	Claire Wildman Mola
	2951 Eglington Dr
	Orlando, FL 32806
AMBR	Robert Mola
AMDR	2951 Eglington Dr
	Orlando, FL 32806
	- Citation Control Con
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the dat	te of filing: (OPTIONAL)
effective date is listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days a
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)