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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Aunt Laura'S LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lee Johnson
Name of Person
Firm/Company
2818 Bryan Rd.
Address
Brandon, Fl 33511
Brandon, Fl 33511 City/State and Zip Code Specialty corvette e a mail. Com
E-mail address: (to be used for future abdual report notification)
For further information concerning this matter, please call:
Lee Johnson at 727, 518-0212
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

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:	1 1 C				
	ith the words "Limited L	iability Company	, "L.L.C.," or "LLC.")		-	
ARTICLE II - Address: The mailing address and street add						
<u>Principal</u>	Office Address:		Mailing Ad	<u>dress</u> :		
2818 Br	van Rd 1 33511		same		-	
					-	
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac-	annot serve as its own Retive Florida registration.	egistered Agent.		individual or		
	Karin Ja	ohnson			6	iu 11. kratam
	1	Name	1		200	li g
	9818 B	ryan 17	<u>d. </u>)
	Florida street address (P.O. Box NOT a		m; = ((*1.0)	_0	
	Brandon,	<u> Fl</u>	33511			ensoneksenk Fil
	City	State	Zip		5	1,000
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the appoir visions of all statutes rela	itment as register ting to the proper	ed agent and agree to a and complete performa	ct in this capacity ance of my duties,). I	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	; ~~ I
MGR - Manager MGR	Lee Johnson
	2818 Bryan Rd.
	Brandon, Fl 33511
M C O	Land Talon Com
MGR	Karin Johnson
	2818 Bryan Rd. Brandon, Fl 33511
	DI WILLIAM TO SERVICE
	
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(I Inn attachment if managemy)	C_{ij}
(Ose attachment if necessary)	ar gar werk)
EV: Effective date, if other than the da ective date is listed, the date must be sof filing.)	specific and cannot be more than five business days prior to or 90 d
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ARTICLE IV-