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TO: Registration Section Division of Corporations
SUBJECT: Little Pcc's Larring coto-LC 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:
April Sims Wix Name of Person
Little Peuts Laming cote LLC Firm/Company
7980 Blantstan highwy
Tall chasee Fl 33316 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FI. 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 HAY -9 PH 2: 45

SECREMEN OF STATE TALLAHASSEE FLORIDA

Must end with the words "I imited Liability Company "I I C " or "I I C"

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7980 Blantstanhuy

7980 Blocatstown bighway

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:

Apol Sims Win

7980 Blantstanbighter

Florida street address (F.O. Box MOT acceptable)

City State

Having been named as registered agent and to accept service of process for the line stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and expect to act in this capacity. I further wave 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 an Chapter 605, F.S..

(CONTINUED)

tered Agent's Signature (REQUIRED)

Page 1 of 2

	ithorized Member	Name and Address:
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ARTICLE IV-

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