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COVER LETTER

	degistration Section Division of Corporations
SUBJECT	Sloppy Books LLC
	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	Mark B Morgan
	Name of Person
	Firm/Company
	27021 Morgan Rd
	Address
	Bonita Springs, FL 34135
	City/State and Zip Code
	loveyourenemy@embarqmail.com
	E-mail address: (to be used for future annual report notification)
or further i	nformation concerning this matter, please call:
	Mark B Morgan 239 633-4498
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
]\$125.00 F	iling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

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

Sloppy Books LL (Must et	.C. nd with the words "Limited	d Liability Comp	any, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and stree	et address of the principal o	office of the Limi	ted Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
27021 Morgan Rd Bonita Springs, FL 34135		<u>5</u> <u>2</u>	27021 Morgan Rd Bonita Springs FL 34135	
Γhe name and the Florida stre	_	d agent are:	##** PTT PTT PTT	
	Mark B Morgan	Name		¥ -2
	27021 Morgan Rd			Y-2
			T acceptable)	7-2
	27021 Morgan Rd Florida street addres Bonita Springs	ss (P.O. Box <u>NO</u> FL	34135	S T
	27021 Morgan Rd Florida street addres Bonita Springs City	ss (P.O. Box <u>NO</u>) FL State	,	Y-2 FA TILL

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
m6R	MARK B MORGAN 27021 MORGAN RD BONITA SPRINGS FL 34135
	75. *** N
	of filing: (OPTIONAE)
EV: Effective date, if other than the date of the date is listed, the date must be specifiling.) If the date inserted in this block does not moment's effective date on the Department of	of filing:
EV: Effective date, if other than the date of the date is listed, the date must be specifiling.) If the date inserted in this block does not moment's effective date on the Department of	of filing:
EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not mement's effective date on the Department of the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memory of the Department is executed I am aware that any false	of filing:

Page 2 of 2