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## COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Sove the Kids Name of L	LLC imited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing:
Please return all correspondence concerning this n	natter to the following:
TEREME HARRIS	
	Name of Person
	Firm/Company
194 · · · · · /	Типисстрину
1311 MELVIN ST	Address
Tollahara Fl	7781
- tenteripes fix	City/State and Zip Code
E-mail address: (to be use	d for future taxual report actification)
For further information concerning this matter, plea	se call:
	850) 357-5934
Name of Person	Area Code Daytime Telephone Number
Exclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section
Division of Corporations	Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPHOVEL FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 HAY ! | AM 9: 35

love the Kids LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE TALLAHASSEE, PLORIDA

ARTICLE II - Address:

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

Principal Office Address:

131 MEININ 3

Tallanussee F1 32301

<u>Mailing Address</u>:

301 TATRINESTE, F1 2301

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:

/ENENIE Name

1311 Melvin St

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

TALLAhnsee

. St

Zi:

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 contract 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



Title: "AMBR" = Authorized Member	Name and Address:	SECRETATIV OF TALLAHASSEE. F
"MGR" = Manager		Il Melvins!
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(Use attachment if necessary)	s.f. filing	(OPTIONAL)
TICLE V: Effective date, if other than the date on effective date is listed, the date must be spectate of filing.)	cific and cannot be more than five busines	s days prior to or 90 days after
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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)