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COVER LETTER

Division of Corporations
SUBJECT: Children's Clothes & More, 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:
\mathcal{T}
Delegre F. Jones
Children's Clothes & More
Firm/Company Swife
2724 Capital Circle NE#5
Address
Tall. Fl. 32308
City/State and Zip Code
For further information concerning this matter, please call:
Deledre F, Jones at (850) 570-4154 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & 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, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Children's Clothes & More & LbC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 2724 Capital Cir. NE #5 Talking Address: 5AM Talking Mailing Address:
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: Jeledre F. Jones
Page 1 of 2
Page 1 of 2 Store 1 of PM 12: 59 Store 1 of PM 12: 59 ALLAHASSEE FLORIDA

The name and address of each person authorize	ed to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Deledre F. Jones
- 1	Tallamor 11 33 308
	De Shondrea Birch 2724 Capital Cur NE#5 Tallahore E1, 32308
(Use attachment if necessary)	1 - 1
RTICLE V: Effective date, if other than the date of filir	
e date of filing.)	and cannot be more than five business days prior to or 90 days after
ote: If the date inserted in this block does not meet th	e applicable statutory filing requirements, this date will not be listed as
e document's effective date on the Department of Stat	e's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURES	7, Jones
Signature of a member	or an authorized representative of a member.
This document is executed in	accordance with section 605.0203 (1) (b), Florida Statutes.
constitutes a third degree felon	mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
. Deten.	e E. Tonoc
Typ	ed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Cartificate of Status

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)