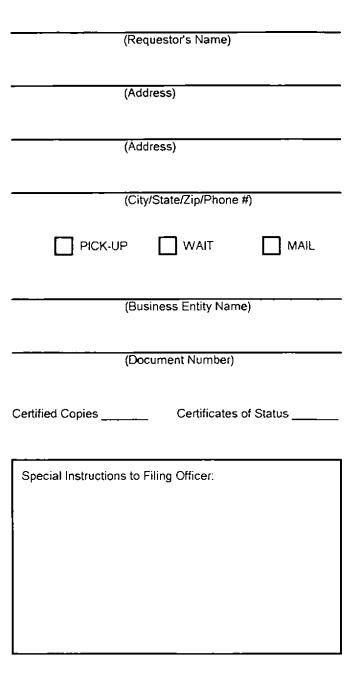
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Precious Baby 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:
Kelly Debbin Name of Person
Name of Person
Precious Baby LLC Firm/Company  B37 Harbor Oak Lane
Firm/Company <sup>f</sup>
837 Harbor Oak Lane
Address
Clearwater FL 33756  City/State and Zip Code  Kelly & precious babyine com  E-mail address (to be used for future annual report notification)
City/State and Zip Code
Kelly e precious bubying com
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:
S125.00 Filing Fee & S130.00 Filing Fee & Certified Copy (additional copy is enclosed)  S125.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section
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

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:				
Prec	ious	Buby	LLC	2	
(Must contain the wo	ords "Limited	d Liability Comp	any, "L.L.C	C.," or "LLC.")	<u> </u>
ARTICLE II - Address: The mailing address and street address of	the principal	office of the Lin	nited Liabil	lity Company is:	
Principal ()ffice Address:			Mailing Address:		
937 Harbor Oak Lane Oleanmater Fr 33752			Same		
another business entity with an active Flo  The name and the Florida street address o  Florida	the registere  B3.7  a street addre	ed agent are:  Kelly D  Name  Harbor  ess (P.O. Box M	II accepta	bie)	
	Cleary	vater FL State	-	33756	
	City	State		Zip	
Having been named as registered agent and place designated in this certificate, I hereby further agree to comply with the provisions am familiar with and accept the obligations	accept the ap of all statutes of my position	ppointment as reg relating to the pr	istered age oper and c zent as pro HL	nt and agree to a omplete perform vided for in Chap	ict in this capacity. I ance of my dutics, an
		(CONTINUI	ED)		

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SECRETARY OF STATE
TAIL AHASSEE FLOOR

#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Kelly Dubbin B37 Harbor Oak Lanc
<u>AMBR</u>	Rose Sims  2424 Shartay Rd  Clear Nator FL 33765
MBR	Zcb Sims  2424 Sharkey Rd  Clearwater FL 33765
AMBR	Rubert Dubbin  831 Harbor Dak Lane  Clearneer FL 33756
(Use attachment if necessary)	
he date of filing.)	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
TREACTE VI. Other provisions, if any.	
This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State arec felony as provided for in s.817.155, F.S.
	Kelly Dobbin Typed 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 (Optional)

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