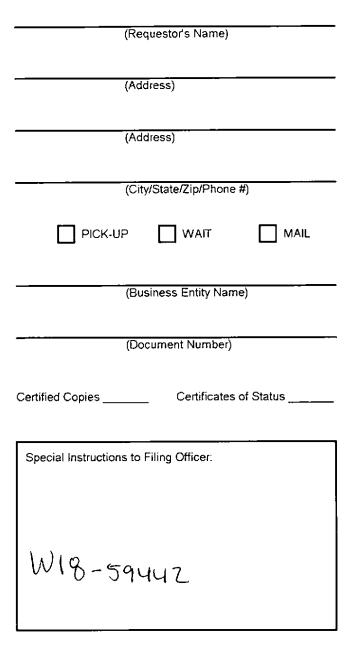
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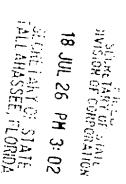


Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: (F. D. B) Fairy Dust Bus TERS 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:
ATHENA ALEX AN DIEE Name of Person
PAMPER Me UL Firm/Company
1576 NE 205 terr # 716 Address
Milmi F B3179 City/State and Zip Code DVE G G Y U . M C E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Athena Alexis at (305) 799 6829 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing Section

Division of Corporations P.O. Box 6327

New Filing Section Division of Corporations

Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - I The name of the	Name: c Limited Liability Cor	npany is:			
	F.D.B	FAIRY	DUST	BUSTERS	LLC
		e words "Limited Liabili			
ARTICLE II - The mailing ad-	Address: dress and street address	of the principal office o	f the Limited Liabilit	ty Company is:	
	Principal Off	<u>iice Address</u> :		Mailing Address:	
	2217 Nu) 6 Ave	1576	NE 205 ter	#716

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:

Miami

Pamper Me UC

Name

[Stown No. 205 terr #7] O

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

Migmi Pl 32,179

City State Zip

Having been named as registered agent and to accept service of process for the above state. I 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 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 in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TR JUL 26 PH 3: 02

"MGR" = M	Authorized Member anager 2	Name and Address: 14thena Alexandre 1576 NE 205 For Miami Fl 33179) N # 7	:16
CLE V: Effective	ent if necessary), we date, if other than the date of listed, the date must be specified.	of filing: (OPTIC days pr	 DNAL)) days
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