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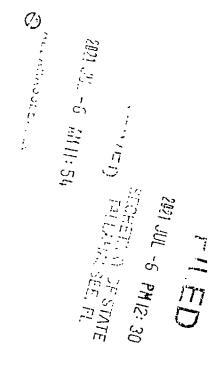
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					





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	WALK IN				
		PICK UP:	7/6 Glinda		
	xx	CERTIFIED COPY			
		РНОТОСОРУ			
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1.	Freshly TaylorD LLC				
		(CORPORATE NAME AND DOCUMENT #))		
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		(CORPORATE NAME AND DOCUMENT #))		
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6.		(CORPORATE NAME AND DOCUMENT #))		
	CCIAI TRU	L CTIONS:			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	•	:
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The name of the Limited Liability Company is:

Freshly TaylorD LLC

(Must contain 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:

Mailing Address:

9000 Sheridan St, Suite 134 Pembroke Pines, FL 33024 7 Wallace CT, Apt 2 Valley Stream, NY 11580

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:

Registered Agents Inc.

Name

7901 4th St N, Ste 300

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

St. Petersburg FL 33702

City State Zip

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 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)

Title:		Name and Address:			
	Authorized Member				
"MGR" = M					
AMBR		Tameka Taylor			
		7 Wallace CT, Apt 2			
		Valley Stream, NY 11580			
<u>AMBR</u>		Lionel Taylor			
		7 Wallace CT, Apt 2			
		Valley Stream, NY 11580			
					
(Use attachn	nent if necessary)				
RTICLE V: Effective	ve date, if other than the date of fili	ing: (OPTIONAL)			
f an effective date is	listed, the date must be specific	and cannot be more than five business days prior to or 90 days after			
e date of filing.)					
		he applicable statutory filing requirements, this date will not be listed as			
ne document's effect	ive date on the Department of Sta	ite's records.			
RTICLE VI: Other p	provisions, if any.				
<u> </u>	-				
REOUTREE	SIGNATURE:				
	,	4JBcren			
	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.				
	I am aware that any false information submitted in a document to the Department of State				
	constitutes a third degree felony as provided for in s.817.155, F.S.				
	Amanda J. Beren				
	TyT	ped 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)

ARTICLE IV-