

Wd0000018583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

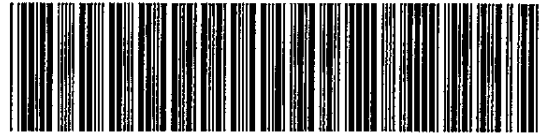
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FILED  
FEB 14 2005  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FULLEST ENTERTAINMENT GROUP, 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:

PAUL L. LARROW

(Name of Person)

CAPE CORAL ACCOUNTING SERVICE

(Firm/Company)

3501-312 DEL PRADO BLVD

(Address)

CAPE CORAL, FLORIDA 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL L. LARROW

(Name of Person)

at ( 239 ) 542-2558

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration 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 Company is:

FULLEST ENTERTAINMENT GROUP, LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1364 NW 126TH AVENUE  
SUNRISE, FLORIDA 33323

1364 NW 126TH AVENUE  
SUNRISE, FLORIDA 33323

**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:

PAUL L. LARROW

Name


3501-312 DEL PRADO BLVD

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

CAPE CORAL, FL 33904

City, State, and 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 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

RECEIVED  
FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MAY 11 2011  
11:01 AM

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

GERALD P GIRAULT

7545 NW 68TH WAY

PARKLAND, FLORIDA 33067

MGRM

DEVON FRASER

111 SE 1ST AVENUE

CAPE CORAL, FLORIDA 33990

MGRM

DEMITRI L. GIRAULT

16736 SW 36TH STREET

MIRAMAR, FLORIDA 33027

MGRM

JOHN W. FRASER, III

1364 NW 126TH AVENUE

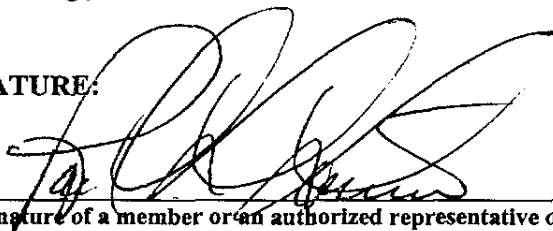
SUNRISE, FLORIDA 33323

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PAUL L. LARROW

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)