

L04000022516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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*[Handwritten signature]*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 514760 7387140

AUTHORIZATION :

*Patricia Piziks*

COST LIMIT : \$ 125.00

**FILED**  
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ORDER DATE : March 22, 2004

ORDER TIME : 11:05 AM

ORDER NO. : 514760-005

CUSTOMER NO: 7387140

CUSTOMER: Ms. Debbie Axel  
Law Offices Of Reder & Feig  
Llp  
8th Floor  
421 South Beverly Drive  
Beverly Hills, CA 90212

DOMESTIC FILING

NAME: KILLER PARROT, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
04 MAR 24 PM 5:32  
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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Killer Parrot, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

126 Via Verde

Palm Beach Gardens, FL 33418

**Mailing Address:**

126 Via Verde

Palm Beach Gardens, FL 33418

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Monte Young

Name

126 Via Verde

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

Palm Beach Gardens

FLORIDA 33418

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, Florida Statutes..*

By:

  
Registered Agent's Signature

**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:**

MGR \_\_\_\_\_

Monte Young \_\_\_\_\_

126 Via Verde \_\_\_\_\_

Palm Beach Gardens, FL 33418 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

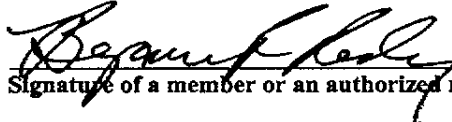
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

By: Benjamin R. Reder, Esq. \_\_\_\_\_

Typed or printed name of signee

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**