

L05000015560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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02/10/05--01025--013 \*\*155.00

J. BROWN FEB 15 2005

February 8, 2005

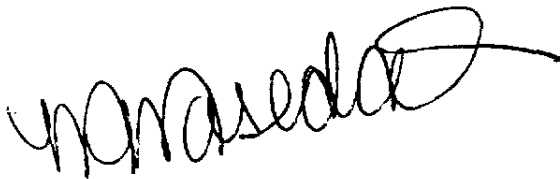
To Whom it may concern:

Please find enclosed my application for Glitter Promotions, LLC. I have also enclosed a check for \$155.00.

Marlene Maseda  
439 sw 26 road  
Miami, Fl. 33129

(305) 519-8038- Anytime phone number

Thank you!



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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GLITTER PROMOTIONS, 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:

MARLENE M. MASEDA  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

439 SW 26 ROAD  
(Address)

MIAMI, FLORIDA 33129  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARLENE M. MASEDA at ( 305 ) 519-8038  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|--|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GLITTER PROMOTIONS, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

439 SW 26 ROAD  
MIAMI, FLORIDA 33129

**Mailing Address:**

439 SW 26 ROAD  
MIAMI, FLORIDA 33129

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

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

MARLENE M. MASEDA

Name

439 SW 26 ROAD

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

MIAMI, FL. 33129

FL

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

(CONTINUED)

**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:**

\_\_\_\_\_  
\_\_\_\_\_  
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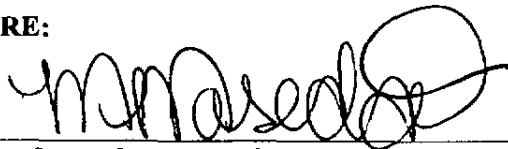
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SECRETARY OF STATE

(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.)

**MARLENE MASEDA**

\_\_\_\_\_  
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)**