## L05000045589

TALLAHASSE, FLORIDA

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
	•	
	*	
i.		

Office Use Only



600053659316

05/09/05--01040--017 \*\*125.00

DIVISION OF SECTIONIONS

JS HAY -9 ANII: 4

## TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

05 MAY -9 PM 12: 04

SUBJECT: Lily Boy Entertainment ALL AHASEP. FLORIUM (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:

Patrick Virgo JR.
(Name of Person)

(Firm/Company)

1305 Aiggort DR unit H4

Tallahassee Fl 32304
(City/State and Zip Code)

For further information concerning this matter, please call:

Partick Virgo JR. at (850) 459 9504

(Name of Person) (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)

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

## ARTICLE I - Name: The name of the Limited Liability Company is: O5 MAY -9 PM 12: 84 Lity Boy Loter (aircreaf) ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Refrick Visco Sanare 1305 Airgont DR Unit Ht Florida street address (P.O. Box NOT acceptable) Tallwasse FL 32304 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.

(CONTINUED)

Page 1 of 2

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

•			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	7 ) 14 <del>(2 )</del>	
MGRM	Patrick 1305 Airford Tollahander	Uingo SA	PH 15: 01
(Use attachment if necessary)			
NOTE: An additional article must be	e added if an effective d	ate is requeste	d.
REQUIRED SIGNATURE:			
Signature of a member of	or an authorized representa	tive of a member.	
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statute tes an affirmation under the p	s, the execution	
Patrick Types	Virso 32. d 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)