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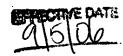
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Se	ection prporations		
SUBJECT:	Relebrations (Name of Limite	Bridal & Gift d Liability Company)	ts, LLC
The enclosed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
	Karen	Aukema	
	Celebratio	ins Bridal & G	iifts LLC
	(Firm/Company)	,
 	355 /	twy 90	
	A1. 1	(Address)	
	Chiple	4, FL 3242	28
	(City	state and Zip Code)	
For further information	concerning this matter, please	call:	
Karer	1 1	at (850) 326	
(Name	e of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Celebrations Bridal & Gifts, LLC 9506 (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:
781 Main St. 355 Hwy 90 Chipley, FL 32428 Chipley, FL 32428
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: Haren Aukema Name 355 Hwy 90 Florida street address (P.O. Box NOT acceptable) Chipley FL 32428 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)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

OR SEP - 6 DM 1: 0:

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 MGR HAVEN Aukema 355 Hwy 90 Chipley, FL 32428 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: Title: Name and Address: South 546 (OPTIONAL)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Karen Aukema

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)

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