

607000007569

Pamela Salvo

(Requestor's Name)

537 N. Lakeview

(Address)

(Address)

Lake Placid, FL 33852

(City/State/Zip/Phone #)

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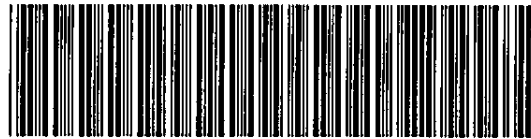
(Business Entity Name)

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**ARTICLES OF ORGANIZATION
OF
PRAZ KIDZ LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **PRAZ KIDZ LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 537 N LAKEVIEW RD , LAKE PLACID, Florida 33852.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: PAMELA SALVO, 221 MOON GLOW AVE , LAKE PLACID , Florida 33852. Located in the County of HIGHLANDS.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the names and addresses of the managers of the Limited Liability Company are:

PAMELA SALVO, 221 MOON GLOW AVE , LAKE PLACID, Florida 33852



PAMELA SALVO, Organizer
537 N LAKEVIEW RD , LAKE PLACID, Florida 33852
863-273-2291

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **PRAZ KIDZ LLC**

The name and address of the registered agent and office is PAMELA SALVO, 221
MOON GLOW AVE , LAKE PLACID , Florida 33852. Located in the County of
HIGHLANDS.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: *Pamela Salvo*
PAMELA SALVO

Date:

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