

LD7000056270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

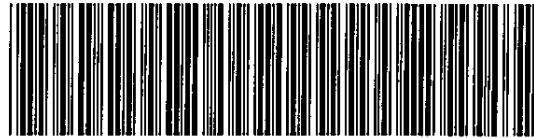
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/25/07--01026--010 **130.00

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07 MAY 25 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RC

Jenna L. Jones
11 Choctaw Trail
Ormond Beach, FL 32174

May 22, 2007

State of Florida
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Subject: celebrate! LLC

Dear Sir:

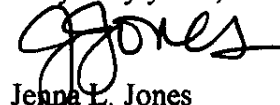
The enclosed Articles of Organization and fees are being submitted to your office for filing. Enclosed is a check for \$130.00 to cover the Filing Fee and a Certificate of Status.

Please return all correspondence concerning this matter to the following:

Jenna L. Jones
celebrate! LLC
Post Office Box 731885
Ormond Beach, FL 32173-1885

If you have any questions or need any additional information regarding this submission, please contact me at (386) 235-2145.

Very truly yours,



Jenna L. Jones

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

celebrate! LLC

(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:

424 North Tymbercreek Road
Ormond Beach, FL 32174

Mailing Address:

Post Office Box 731885
Ormond Beach, FL 32173-1885

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:

Jenna L. Jones

Name

11 Choctaw Trail

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

Ormond Beach

FL 32174

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)

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TALLAHASSEE, FLORIDA

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:

MGRM

Jennifer Calnan

Post Office Box 731885

Ormond Beach, FL 32173-1885

MGRM

Jenna L. Jones

Post Office Box 731885


Ormond Beach, FL 32173-1885

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Jenna L. Jones

Typed or printed name of signee

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07 MAY 25 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)