

**L0800000001342**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

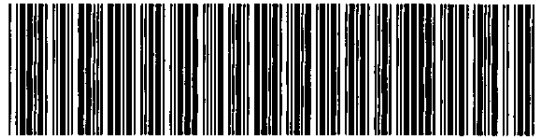
Special Instructions to Filing Officer:

**L. SELLERS**

JAN 4 2008

**EXAMINER**

Office Use Only



**100113201981**

12/19/07--01018--007 \*\*155.00

**FILED**

2007 DEC 19 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~607-6115~~

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Plant City Christmas Parade 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:

Fran Nielson

(Name of Person)

Plant City Christmas Parade LLC.

(Firm/Company)

1101 N Knight St

(Address)

Plant City , FL 33563

(City/State and Zip Code)

For further information concerning this matter, please call:

Fran Nielson

(Name of Person)

at ( 813 ) 404-2227  
(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)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2007

FRAN NIELSON  
1101 N. KNIGHT STREET  
PLANT CITY, FL 33563

SUBJECT: PLANT CITY CHRISTMAS PARADE LLC.  
Ref. Number: W07000061450

We have received your document for PLANT CITY CHRISTMAS PARADE LLC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the city, state and zip code of the principal place of business address.,

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 19, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 107A00071018

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Plant City Christmas Parade LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

1101 N Knight St

Plant City, FL 33563

#### Mailing Address:

P. O. Box 2306 - Plant City, FL 33564

### 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:

Sharon Moody

Name

1902 Bond St

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

Plant City, FL 33563

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..*

Sharon Moody

Registered Agent's Signature (REQUIRED)

**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:**

MGR

Fran Nielson

1101 N Knight St

Plant City , Fl 33563

MGRM

Marlen Warf

504 E Renfro St - Suite w

Plant City , Fl 33563

MGRM

Sharon Moody

1902 Bond St

Plant City , Fl 33563

MGRM

Davy Miles

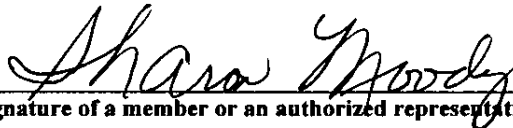
1701 S. Alexander St.

Plant City , Fl 33563

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/19/07. (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.)

**Sharon Moody**

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)**

FILED  
2007 DEC 19 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA