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J. BRYAN
APR -1 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELIZABETH'S MAGICAL MEMORIES, 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:

TISH MONROE
(Name of Person)
T. HULLEN RAY, PA
(Firm/Company)
216 W. HOWRY AVE
(Address)
DELAND, FL 32720
(City/State and Zip Code)

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For further information concerning this matter, please call:

TISH MONROE at (386) 734-2606
(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)

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

ARTICLES OF ORGANIZATION
OF
ELIZABETH'S MAGICAL MEMORIES, LLC

The undersigned, under the provisions of Chapter 608 of the Florida Statutes (The "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

1. Name.

The name of the limited liability company is Elizabeth's Magical Memories, LLC. (hereinafter referred to as the "Company").

2. Address Of Place Of Business.

The mailing address for the Company is 1537 Aldridge Lane, DeLand, Florida 32720, and the street address of the place of business for the Company is 1537 Aldridge Lane, DeLand, Florida 32720. These addresses may be changed from time to time as provided in the Operating Agreement.

3. Period of Duration.

Unless earlier terminated under the Act or the Operating Agreement, the period of duration of the Company shall be perpetual.

4. Purpose.

The purpose for which the Company is organized is to engage in the business of party planning, as well as any and all business and activities permitted by the Act and any other applicable laws of the State of Florida. The Company shall have all the powers vested in a limited liability company organized and existing by virtue of such laws.

5. Registered Agent.

The initial registered agent in Florida for the Company is Elizabeth A. Senez, and the initial registered office is 1537 Aldridge Lane, DeLand, Florida 32720.

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6. Members.

The company shall have at least one member and may admit additional members on the prior unanimous written agreement of the then-existing members, or as otherwise provided in the Operating Agreement.

7. Management.

The overall management and control of the business and affairs of the company shall be vested in its members, as provided in these Articles of Organization and section 608.407 of the Act. The company is to be managed by the member/manager who is designated, appointed, or elected to act as the managing member.

8. Indemnification.

Except as expressly provided in the Operating Agreement, the company shall indemnify any member, manager, or former member or manager to the full extent permitted under the Act.

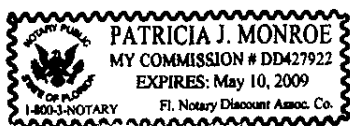
Executed at DeLand, Florida, on 3-27, 2008.

Elizabeth's Magical Memories, LLC
A Florida Limited Liability Company

By: Elizabeth A Senez
Elizabeth A. Senez, Member/Manager

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me on 27th day of March, 2008, by Elizabeth A. Senez, as Member/Manager of Elizabeth's Magical Memories, LLC who is () personally known to me or (☒) produced FL. DRIVER LICENSE as identification.



Seal

Patricia J. Monroe
Notary Public – State of Florida

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

UNDER THE PROVISIONS OF FLORIDA STATUTE 608.415, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.


The name of the limited liability company is Elizabeth's Magical Memories, LLC.

The name and the Florida street address of the registered agent are:

Elizabeth A. Senez
1537 Aldridge Lane
DeLand, FL 32720

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.

Elizabeth's Magical Memories, LLC


ELIZABETH A. SENEZ
Registered Agent