

L08000047074

Liza Thomas

(Requestor's Name)

1617 SE Tradition Tr

(Address)

(Address)

Stuart, FL 34997

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

Treasure Coast Character Parties

(Business Entity Name)

(Document Number)

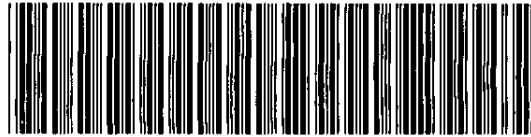
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY -9 PM 2:53

T. HAMPTON

MAY 12 2008

EXAMINER

70022 22007

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Treasure Coast Character Parties L.L.C.,  
(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:

Liza Thomas

(Name of Person)

Treasure Coast Character Parties

(Firm/Company)

1617 SE Tradition Tr

(Address)

Stuart, FL 34997

(City/State and Zip Code)

For further information concerning this matter, please call:

Liza Thomas

(Name of Person)

at ( 772 ) 293-9155

(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

RECEIVED

08 MAY -9 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 1, 2008

LIZA THOMAS  
1617 SE TRADITION TR  
STUART, FL 34997

SUBJECT: TREASURE COAST CHARACTER PARTIES L.L.C.  
Ref. Number: W08000022007

We have received your document for TREASURE COAST CHARACTER PARTIES L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 208A00027586

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Treasure Coast Character Parties L.L.C.,

(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:

1617 SE Tradition Tr

Stuart, FL 34997

#### Mailing Address:

1617 SE Tradition Tr

Stuart, FL 34997

### 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:

Liza Thomas

Name

1617 SE Tradition Tr

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

Stuart, FL 34997

FL

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..*

Liza Thomas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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:**

Liza Thomas MGR

Liza Thomas

1617 SE Tradition Tr

Stuart, FL 34997

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

Liza J. Thomas

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.)

Liza J. Thomas

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)