

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000157718 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: M. BURR KEIM COMPANY Account Name

Account Number : 119990000242 : (215)563-8113 Phone

Fax Number : (215)977-9386

CINDERELLA'S CARRIAGE LLC

ORIDA/FOREIGN LIMITED LIABILITY CO.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

JUN 2 4 2008

EXAMINER

(((H080001577183)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CINDERELLA'S	CAPPIAGELLO	
(Must c		iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr. The mailing address a		principal office of the Limited Lial	aility Company is:
	·		only company is.
Principal Office Add	lress:	Mailing Address:	
2405 Lake Debra Dri Orlando, FL 32835	ve, Suite 1411	2405 Lake Debra Drive, Sulte Orlando, FL 32835	1411
		ne registered agent are: man Ali me	CRETARY ION OF CO
			The state of the s
	2405 Lake Deb	ra Drive Suite 1411	3 3 9 4
·		address (P.O. Box NOT acceptable)	6 357 3 327 3 327 3 327
·		address (P.O. Box <u>NOT</u> acceptable) 32835	· · ·
·	Florida street Orlando	address (P.O. Box NOT acceptable)	9 89
liability company at registered agent and ag statutes relative to the	Florida street Orlando City, Sta registered agent and to the place designated in gree to act in this capacit e proper and complete p	address (P.O. Box <u>NOT</u> acceptable) FL 32835	stated limited ointment as rovisions of all liter with and

(CONTINUED) Page 1 of 2

(((HQ80001577183)))

M. BURR KEIM COMPANY

(((H080001577183)))

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Nauman Ali
•	2405 Lake Debra Drive, Suite 1411
	Orlando, FL 32835
	,
(Use attachment if necessary)	
	un the date of filing: (OPTIO
Sective date is listed, the date m	ust be specific and cannot be more than five business d
Sective date is listed, the date m	
Sective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business of
Sective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE:	
Tective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance we of this document)	ust be specific and cannot be more than five business of

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

(((H080001577183)))