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**EXAMINER** 

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SECRETARY OF STATE
TAIL AHASSEE FLORIN

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 407 Party ink. (OM (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:
Julius C. Cabb Jr (Name of Person)
407 Partylink .com
6344 Castelven Drive Unit # 102
(City/State and Zip Code)  (Address)  Colly/State and Zip Code)
For further information concerning this matter, please call:
JUSSE Fero at (401) AU-1817 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
407 Partylink. Com 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 prin	ncipal office of the Limited Liability Company is:
Principal Office Address:  16349 Castelven Dave Unit 102  Orlando, A 32835	Mailing Address: P.D. BOX 4522V1 FISSIMMEE, FL 34744
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
City, State, and Having been named as registered agent and to act liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	d Zip scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member  MGL	Julius Obb 10249 Castelven Prive thrif #102			
MGR	Jesse Fero P.O. Box 452267	- 1r 1	<del>-</del>	
MGRM	Pamion Barluy P.O.Box 452267 CISSIMMER, FL 34744		_ _ _ _	
			<b>-</b> -	
(Use attachment if necessary)			_	
RTICLE V: Effective date, if other than the f an effective date is listed, the date must b or 90 days after the date of filing.)				
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a memb	 er.		
(In accordance with se of this document const that the facts stated	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perju	iry	2009	
Filing Fees:	ped or printed name of signee	CRE TAI	2009 JUN 23	entranta paramenta
\$125.00 Filing Fee for Articles of Orga of Registered Agent	nnization and Designation	SEE. FI	3 PH	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Ontional)		STA	<del></del>	