

LU90000063211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

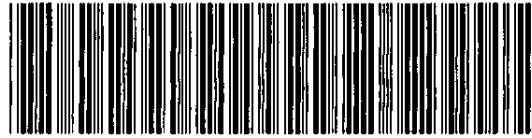
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2009 JUN 30 AM 10:46
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B. KOHR
JUN 30 2009
EXAMINER

FILED
09 JUN 30 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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09 JUN 30 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PARTY PLANET, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY
TALLAHASSEE, FL
JUN 1 2006

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARTY PLANET, 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 are:

Mailing Address:

19520 EAST LAKE DRIVE
MIAMI, FL 33015

Principal Office Address:

19520 EAST LAKE DRIVE
MIAMI, FL 33015

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)

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

SONIA DEATON
Name

19520 EAST LAKE DRIVE
Florida street address (P.O. Box NOT acceptable)

MIAMI FL
City, State, and Zip

Having been named as registered agent and to accept service of process for this limited liability company at the place designated in this certificate, I, Sonia Deaton, as registered agent and agree to act in this capacity. I further agree to accept the obligations of my position as registered agent and to complete performance of the statutes relating to the proper and complete performance of the duties of a registered agent.

Sonia Deaton
Registered Agent's Signature (REC)

(CONTINUED)

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:

MGRM

SONIA DEATON

19520 EAST LAKE DRIVE

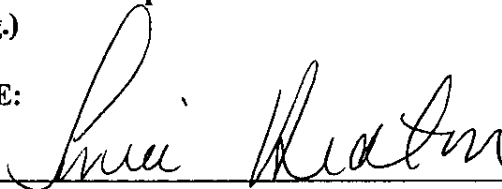
MIAMI, FL 33015

(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:



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.)

SONIA DEATON

Typed or printed name of signee