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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 21 2009

EXAMINER

LAW OFFICES

EIZEN FINEBURG & McCARTHY

A PROFESSIONAL CORPORATION

TWO COMMERCE SQUARE
34TH FLOOR
2001 MARKET STREET
PHILADELPHIA, PENNSYLVANIA 19103

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1040 Kings Highway
Suite 500
Cherry Hill, New Jersey 08034
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The Homer Building, Suite 390 South
601 Thirteenth Street, NW
Washington, D.C. 20005
Tel (202) 347-1917
Fax (202) 347-8344

1105.06.000

August 19, 2009

Via Federal Express # 7968 7545 6190

State of Florida
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: CELEBRATION FIRETHORN, LLC

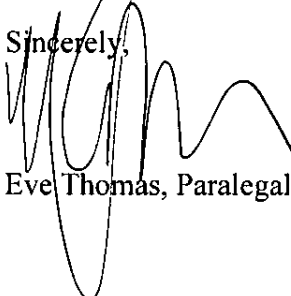
Dear Sir/Madam:

Enclosed please find Articles of Organization for the above-captioned domestic liability company.

Also enclosed is our firm's check in the amount of \$155.00 to cover the filing fee and the cost of a certified copy to be returned to us.

Please return the filed certified copy to the attention of the undersigned in the enclosed self-addressed, stamped envelope. Your cooperation is greatly appreciated.

Sincerely,


Eve Thomas, Paralegal

ET/jh
Enclosures

Disclaimer Required by IRS Rules of Practice: Any discussion of tax matters contained herein is not intended or written to be used, and cannot be used, for the purpose of avoiding any penalties that may be imposed under Federal tax laws.

J:\MCCARTHY\Infantolino\Celebration Firethorn, LLC-FL LLC\Ltr 8.19.09 ET to FL.doc

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CELEBRATION FIRETHORN, 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:

Eve Thomas, Paralegal

Name of Person

Eizen, Fineburg & McCarthy, PC

Firm/Company

2001 Market Street, 34th Floor

Address

Philadelphia, PA 19103

City/State and Zip Code

ethomas@efm.net

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Eve Thomas, Paralegal

Name of Person

at (215) 751-9666

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CELEBRATION FIRETHORN, 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 is:

Principal Office Address:

896 Spring Park Loop
Celebration, FL 34747

Mailing Address:

PO Box 470814
Celebration, Florida 34747-0814

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:

Mary Margaret Infantolino

Name

896 Spring Park Loop

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

Celebration

FL 34747

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.

Mary M. Infantolino
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MGR

Mary Margaret Infantolino

896 Spring Park Loop

Celebration, FL 34747


(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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.)

Mary Margaret Infantolino, Authorized Representative

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)