

L-09000096800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

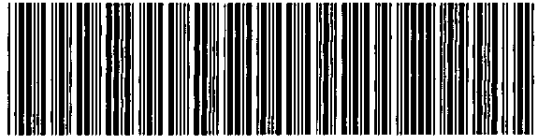
Special Instructions to Filing Officer:

**A. LUNT**

OCT - 7 2009

**EXAMINER**

Office Use Only



200160796242

10/06/09--01015--019 \*\*125.00

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2009 OCT -6 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# ECCENTRIC WEDDINGS

LIMITED ONLY BY YOUR IMAGINATION

10/02/09

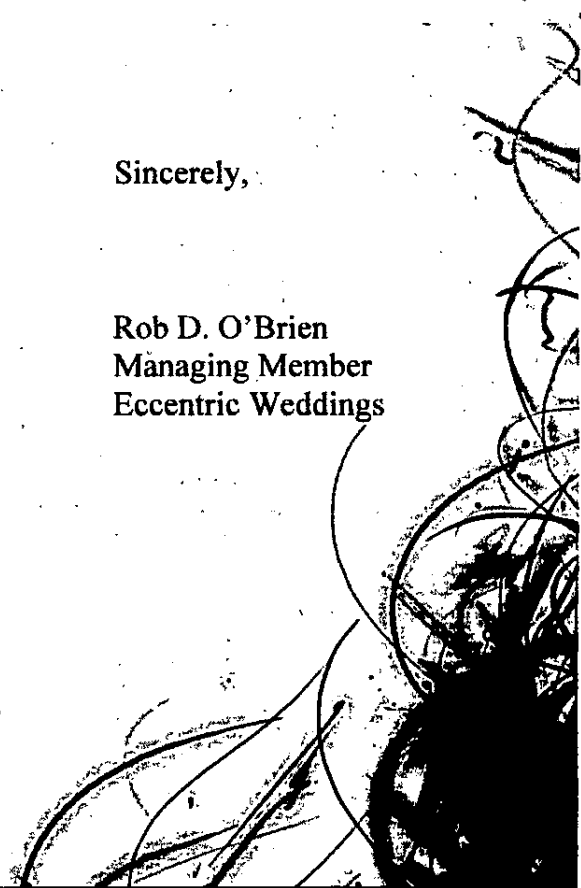
To Whom It May Concern:

Please find enclosed the Articles of Incorporation for Eccentric Weddings LLC., and a check for the registration fees of \$ 125.00. If there are any question about our Articles, please feel free to contact me at 407-348-8897

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TALLAHASSEE, FLORIDA

Sincerely,

Rob D. O'Brien  
Managing Member  
Eccentric Weddings



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Eccentric Weddings 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:

14259 Vista del Lago Blvd.  
Winter Garden, FL 34787

#### Mailing Address:

14259 Vista del Lago Blvd.  
Winter Garden, FL 34787

### 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:

Rob D. O'Brien

Name

238 - Hidden Springs Cir.

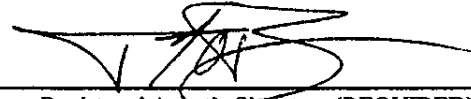
Florida street address (P.O. Box **NOT** acceptable)

Kissimmee 34743 FL

City, State, and Zip

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*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.*



Registered Agent's Signature (REQUIRED)

(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:**

**Managing Member**

Arlyn S. Grant

14259 Vista del Lago Blvd.

Winter Garden, FL 34787

**Managing Member**

Rob D. O'Brien

238 - Hidden Springs Cir.

Kissimmee, FL 34743

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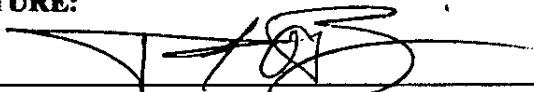
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(Use attachment if necessary)

**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:**



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.)

Rob D. O'Brien

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)**