09000102438

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	•
PICK-UP WAIT MAIL	
(Business Entity Name)	•
(Dusiness Entity Name)	:
(Document Number)	3
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Rec 9/8/09 No Money	



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09/25/09--01015--014 **125.00

SEGRETARY OF STATE DIVISION OF CORPORATIONS

09 OCT 22 AM (D: 12

ise Only

T. HAMPTON
OCT 2 8 2009
EXAMINER

-614-9-40KI

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	PlaygroupConnect.com, LLC	
	Name of Limited Liability Company	
The end	osed Articles of Organization and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	Shannon E. Koonin	
•	Name of Person	
	PlaygroupConnect.com, LLC	
	Firm/Company	
	P.O. Box 398152	
	Address	
	Miami Beach, FL, 33239	
	City/State and Zip Code	
÷	shannonkoonin@hotmail.com E-mail address: (to be used for future annual report notification)	
For furt	er information concerning this matter, please call:	
	Shannon Koonin at (305) 674-8311 Name of Person Area Code & Daytime Telephone Number	
Enclos	d is a check for the following amount:	
] \$125.	O Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy 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



RECEIVED

09 OCT 22 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 28, 2009

SHANNON E KOONIN P O BOX 398152 MIAMI BEACH, FL 33239

Ref. Number: W09000401415

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 109A00031497



RECEIVED

09 SEP 25 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 9, 2009

4

SHANNON E KOONIN P O BOX 398152 MIAMI BEACH, FL 33239

SUBJECT: PLAYGROUPCONNECT.COM, LLC

Ref. Number: W09000040415

We have received your document for PLAYGROUPCONNECT.COM, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 609A00029848

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	any is:
PlaygroupCo	onnect.com, LLC ed Liability Company," "L.L.C.," or "LLC.")
	on bases, or asset,
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1661 West Ave	P.O. Box 398152
Miami Beach, FL, 33139	Miami Beach, Fl , 33239
2731 Executi Florida street addre Weston, FL, 33	Services, INC. Name ive Park Drive, Suite 4 ess (P.O. Box NOT acceptable)
Having been named as registered agent s liability company at the place designa registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
	s Signature (REQUIRED) Assistant Secretary
Matt Thompson,	Assistant Secretary

(CONTINUED)

SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing M	1ember
MGRM	Shannon E. Koonin P.O. Box 398152 Miami Beach, FL, 33239
(Use attachment if necess	sary)
ffective date is listed, the	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior ing.)
CLE V: Effective date, if of offective date is listed, the days after the date of fill REQUIRED SIGNATU	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior ing.)
CLE V: Effective date, if offective date is listed, the days after the date of file REQUIRED SIGNATU Signatu (In accoof this of this confirmation of this confirmation of this confirmation (In accoof this confirmation of this confirmation of this confirmation (In accoof th	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior ing.) (RE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)