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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
SILLY MONKEYS PLAYHOUSE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

D. BRUCE

MAR 26 2010

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EXAMINER

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10 MAR 25 AM 7:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10 MAR 25 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR SILLY MONKEYS
PLAYHOUSE, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: **Silly Monkeys Playhouse,
LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited
Liability Company is: 2252 SW 22 Terrace, Miami, Florida 33145

ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: Samuel
Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida
33133.

*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, Florida Statutes.*


Registered Agent's Signature

Article IV - Manager(s) or Managing Member(s)

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

Title:

Name and Address:

Managing Member

Georgia Corbin
2252 SW 22 Terrace
Miami, Florida 33145

Samuel Spencer Blum

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ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE (305) 854-1865 TELEFAX (305) 854-3314
E-MAIL: sam@samblum.com

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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.)

Georgia Corbin

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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TALLAHASSEE, FLORIDA

Samuel Spencer Blum

ATTORNEY AT LAW

2600 TIDEWATER AVENUE, SUITE 105 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 864-1885 TELEFAX: (305) 864-2314
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