

L10000072/45

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

A. LUNT

JUL -8 2010

EXAMINER

Office Use Only



400182933794

07/06/10--01042--016 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUL -6 PM 2:40

FILED

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Conti's Party Planning  
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:

Lori Conti  
Name of Person  
Conti's Party Planning  
Firm/Company  
578 Azure Ave  
Address  
Wellington Fl 33414  
City/State and Zip Code  
lec1019 at aol.com  
E-mail address: (to be used for future annual report notification)

2010 JUL -6 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Lori Conti at (561) 329-3640  
Name of Person 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:

Conti's Party Planning 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:

9067 Southern Blvd  
West Palm Beach, FL  
33411

#### Mailing Address:

578 Azure Ave  
Wellington FL  
33414

### 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:

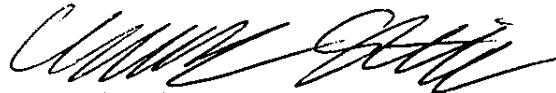
Christopher J. Conti  
Name

1973 Brandywine Rd Apt. 603  
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach FL 33409  
City, State, and Zip

FILED  
2010 JUL -6 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

MGR

MGRM

**Name and Address:**

Lori Conti  
578 Azure Ave  
Wellington FL 33414  
Christopher J. Conti  
1973 Brandywine Rd Apt 103  
West Palm Beach, FL 33409

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUL -6 PM 2:40

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 1, 2010 (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.)

Christopher J. Conti

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)