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K. SALY EXAMINER JUN 1 2011

COVER LETTER

TO:	TO: Registration Section Division of Corporations			
CY ID ID	SUBJECT: Yellow Brick Party Source LLC			
Name of Limited Liability Company				
The enc	losed Articles	of Organization and fee(s) are	submitted for filing.	
		pondence concerning this mat		
i	Flizaho	th Dychko		
<u>. 1</u>	<u>LIIZADO</u>	III Dychko	Name of Person	
_				
_			Firm/Company	
-	903 Lak	e Lily Drive Apt.		
			Address	
<u> </u>	/laitland	Florida, 32751	v/State and Zip Code	
L	izweston	@mac.com	y/State and Zip Code	
		E-mail address: (to be used to	for future annual report notification)	
For furth	ner information	concerning this matter, please	call:	
Elizabeth Dychko		at (407) 463-7385 Area Code & Daytime Teleph		
	Namo	of Person	Area Code & Daytime Teleph	one Number
Enclose	d is a check f	or the following amount:		
\$125.00	Filing Fee [\$130.00 Filing Fee & Certificate of Status	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 Cir	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is
Yellow Brick Party Source
(Must end with the words "Limited Liab
ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
903 Lake Lily Drive Apt. A332 Maitland Florida, 32751	903 Lake Lily Drive Apt. A3 Maitland Florida, 32751	332
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's a Registered Agent. You must designate an individ	Signature: tual or another
The name and the Florida street address o	f the registered agent are:	· = = = = = = = = = = = = = = = = = = =
Elizabeth Dychk	0	
	Name	## W F
903 Lake Lily	Drive Apt. A332	SSE CO
Florida str	eet address (P.O. Box NOT acceptable)	
Maitland	_{FL} 32751	
	City, State, and Zip	当市

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)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	•
MGR	Elizabeth Dychko
	903 Lake Lily Drive Apt. A332 Maitland Florida, 32751
	Walliand Plonda, 32751
MGRM	Jonathan Dychko
	903 Lake Lily Drive Apt. A332
	Maitland Florida, 32751

77 t	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
(If an effective date is listed, the date mus	t 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

EUZABETH DYCHKO
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)