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Florida Department of State
Division of Corporations
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To:

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

From:

DEVI M. GOOLJAR

Account Name : PLANET HOLLYWOOD INTERNATIONAL, INC.
Account Number : I20080000100
Phone : (407) 903-5513
Fax Number : (407) 352-7310

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.
CITY DATE (USA), LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

J. SAULSBERRY
EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CITY DATE (USA), LLC

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:

DEVI GOOLJAR

Name of Person

PLANET HOLLYWOOD INTERNATIONAL, INC.

Firm/Company

6052 TURKEY LAKE ROAD, SUITE 201

Address

ORLANDO, FL 32819

City/State and Zip Code

DGOOLJAR@PLANETHOLLYWOODINTL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEVI GOOLJAR

at (**407**) **903-5647**

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CITY DATE (USA), 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:

6052 TURKEY LAKE ROAD
ORLANDO, FL 32819

Mailing Address:

6052 TURKEY LAKE ROAD
ORLANDO, FL 32819

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 business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARTHA MCINTOSH

Name

6052 TURKEY LAKE ROAD

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

ORLANDO FL 32819

City, State, and Zip

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)

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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:

MGRM

OCS CONSULTANTS, INC.
 6052 TURKEY LAKE ROAD
 ORLANDO, FL 32819

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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. 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.)

MARTHA MCINTOSH, AUTHORIZED REPRESENTATIVE

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)