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(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
(Only Classic Lips Hone II)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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T. HAMPTON AUG - 2 2011



COVER LETTER

ት0:	Registration Division of C				
SUBJI	ECT: Parro	t shine products			
	Name of Limited Liability Company				
The en	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this mat	ter to the following:		
	thomas of	c cahill			
			Name of Person		
	parrot sh	ine products			
			Firm/Company		
	2073 se	parrot st			
			Address		
	port saint l	ucie florida 34952			
		Cit	y/State and Zip Code		
	tom4221@	hotmail.com			
		E-mail address: (to be used	for future annual report notification)		
For fu	ther information	concerning this matter, pleas	e call:		
thom	thomas c cahill		at (772) 418-0398		
	Name	of Person	Area Code & Daytime Telephon	e Number	
Enclos	sed 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)	60.00 Filing Fee, extificate of Status & extified Copy ditional 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:	
parrot shine products LLC.	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2073 se parrot st	2073 se parrot st
port saint lucie florida 34952	port saint lucie florida 34952
ARTICLE III - Registered Agent, Registered	
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
thomas c cahill	
Name	
2073 se parrot st	
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
port saint lucie	_{FL} 34952
City, St	ate, 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)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

AN AIR - | AH ID: 25

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 "MGRM" = Managing Member	Name and Address:
mgr	thomas c cahill 2073 se parrot st port saint lucie florida 34952
<u>mgrm</u>	melanie I cahill 2073 se parrot st port saint lucie florida 34952
(Use attachment if necessary) ARTICLE V: Effective date, if other than the street of the date must or 90 days after the date of filing.)	he date of filing: 8-1-11 (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	aber or an authorized representative of a member.
	508.408(3), Florida Statutes, the execution of this document

(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.)

Thomas C CAL: 11
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)

SIVISION OF CORFORATION