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(Requestor's Name)				
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(Business Entity Name)				
(Document Number)				
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TO: Registration Division of C			र्भ इन्द्र इन्द्र
SUBJECT: PERF	RY'S PERFECT P		
	Name of Limite	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
JOHN P	ERRY		
		Name of Person	
PERRY'S	S PERFECT PAR	ADISE, LLC	
		Pinn/Company	
1012 I A	NGELO ISLE	Address	
		215 1661	
FORTLAC	JDERDALE, FL 33 City	JIJ-1001 y/State and Zip Code	<u> </u>
mhbassoci	ates@bellsouth.net	or future annual report notification)	
For further information	concerning this matter, please		
Carol Baillie, EA	of Person	_ at (<u>954</u>) <u>491-5114</u> Area Code & Daytime Tele	phone Number
			,
Enclosed is a check f	or the following amount:		
-	✓ \$130.00 Filing Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status &
\$125.00 Filing Fee [Certificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy (additional copy is enclosed)
\$125.00 Filing Fee [<u>Mailing Address</u> Registration Section Division of Corporations	(additional copy is enclosed) <u>Street/Courier Address</u> Registration Section Division of Corporations	(additional copy is enclosed)
\$125.00 Filing Fee [Mailing Address Registration Section	(additional copy is enclosed) <u>Street/Courier Address</u> Registration Section	(additional copy is enclosed)
г Т	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	(additional copy is enclosed) <u>Street/Courier Address</u> Registration Section Division of Corporations Clifton Building 2661 Executive Center C	(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERRY'S PERFECT PARADISE, 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:

1012 TANGELO ISLE FORT LAUDERDALE, FL 33315-1661

Mailing Address:

1012 TANGELO ISLE FORT LAUDERDALE, FL 33312-1661

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:

JOHN PERRY

Name

1012 TANGELO ISLE

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

FORT LAUDERDALE FL 33315-1661 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..

9 ignature (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 "MGRM" = Managing Member	Name and Address:
MGRM	JOHN PERRY 1012 TANGELO ISLE FORT LAUDERDALE, FL 33315-1661
MGRM	ARLENE PERRY 1012 TANGELO ISLE FORT LAUDERDALE, FL 33315-1661

(Use attachment if necessary)

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 onstitutes 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.) JOHN PERRY 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)