

L11000093354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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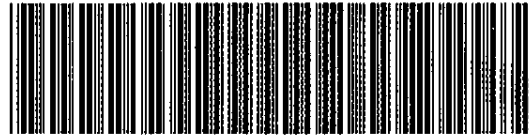
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Effective Date 08/08/11

08/12/11--01007--019 **125.00

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11 AUG 12 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 15 2011

EXAMINER

KEATING • SCHLITT, P.A.

Attorneys and Counselors at Law

250 EAST COLONIAL DRIVE, SUITE 300
ORLANDO, FLORIDA 32801

TELEPHONE: 407.425.2907
FACSIMILE: 407.425.6345

August 10, 2011

VIA US MAIL

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Play Place, LLC New corporate formation
Our File Number: PL 134101

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TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Enclosed please find our firm's trust check, in the amount of \$125.00, towards payment of the filing fee for the enclosed Articles of Organization for a Florida Limited Liability Company. Should you have any questions concerning the foregoing, please contact me immediately. Thank you for your assistance.

Very truly yours,



Michele L. Zimmer
Florida Registered Paralegal

/mlz
Enclosures + check

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Play Place, 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:

Nancy Campiglia
Name of Person

Keating + Schlitt, P.A.
Firm/Company

250 East Colonial Dr. Suite 300
Address

Orlando, Florida 32801
City/State and Zip Code

ncampiglia@keatlaw.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Campiglia at (407) 425-2907
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Play Place, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

C/o Keating + Schlitz, P.A.
250 E. Colonial Drive, Ste 300
Orlando, FL 32801

Same as principal

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:

Effective Date 08/08/11

Connie Cooper
Name

2720 W. 25th Street
Florida street address (P.O. Box **NOT** acceptable)

Sanford FL 32771
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..

Connie L Cooper
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

Name and Address:

MGR

① Carmen Pena
219 Palmetto Concourse
Longwood, Florida 32779

MGR

② Connie Cooper
2720 W. 25th Street
Sanford, Florida 32771

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-8-2011. (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:

Connie J Cooper

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.)

Connie Cooper

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)