112000131514

(Requestor's Name)
·
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
(Bosament Nambor)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300240480243

10/15/12--01050--007 **125.00

EFFECTIVE DATE 10-11-12

12 OCT 15 PH 12: 19

SCHIETARY OF STATE

B. BOSTICK
OCT 1 6 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
Fun Entertainment	For Families, LLC	•
SUBJECT: Name of Lim	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Gregory H Fefferman		
	Name of Person	
Fun Entertainment For	r Families, LLC	,
	Firm/Company	
2301 Tigertail Avenue	}	
	Address -	
Coconut Grove, FL 33133	•	
	City/State and Zip Code	
gregfeff@aol.com		_
E-mail address: (to be used	d for future annual report notification)	
For further information concerning this matter, plea	and the second s	
Greg Feffermabn	_at (305) 238-5867	
Name of Person	Area Code & Daytime Telephone Number	***
Enclosed is a check for the following amount:	SAC R	Azozbacz krazkacz
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & F160.00 Filing Fee, No Certified Copy Certificate of Status &	and a
Controlle of Status	(additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahanna El 32314	Street/Courier Address Registration Section S Division of Corporations Clifton Building 2661 Executive Center Circle	,
Tallahassee, FL 32314	Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fun Entertainment For Families, 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:	Mailing Address:		
2301 Tigertail Avenue	2301 Tigertail Avenue		
Coconut Grove, FL 33133	Coconut Grove, FL		
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an indiv	idual or another	**E
Gregory H. Fefferm	nan	DCT -	-11
	ime	5	Parties and
2301 Tigertrai	il Avenue	PH 12:	Storman
Florida street	address (P.O. Box NOT acceptable)		-
Coconut Grove,	FL 33133	19	
City	, State, and Zip	مسلم:	

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..

ignature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

"MGRM" = Managing Member		
MGRM	Greg Fefferman	
	2301 Tigertail Avenue Geconut Grove, FL 33133	
MGR	Glenn Fefferman	- 12 12 1 1
	7642 SW 102nd Street	<u> </u>
	Miami, FL 33156	8
	تنا. نخ	
		14.22 CV
		교모
		S
		<u> </u>
(Use attachment if necessary)		
•		
LE V: Effective date, if other than		(OPTION
ffective date is listed, the date must days after the date of filing.)	st be specific and cannot be more than five bu	ısiness da
days after the date of thing.)		

gnature of a momber 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.)

Gregory H. Fefferman
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)

Page 2 of 2