	(((H13000045867 3)))
Note: DO N	H130000458673ABC1 OT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
To:	Division of Corporations Fax Number : (850)617-6383
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
	the email address for this business entity to be used for future wal report nailings. Enter only one email address please.
Emai	1 Address:
Emai	FLORIDA LIMITED LIABILITY CO. FUNNY TOYS LLC

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ARTICLES OF ORGANIZATION	N FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Co	mpany is:		
Punny Toys LLC			
(Must end with the words ")	Jmired Liability Compuny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:		
Princinal Office Address:	Mailing Address:		
1850 Lighthouse CT	1850 Lighthouse CT		
Weston, FL 33327	Weston, FL 33327		
Ignacio Villegas			
	Name S. C.		
1850 Lighthouse CT			
Flori	da street address (P.O. Box NOT acceptable)		
Weston, FL 333	27 FL		
	City, Stare, 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 Signifiare (REQUIRED)

(CONTINUED)

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ARTICLE IV- Munager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>

Name and Address:

ignacio Villegas

"MGR" = Manager "MGRM" = Managing Member

MGRM

MGRM

1850 Lighthouse CT Weston, FL 33327 Oly V Algerra Suarez

1850 Ughthouse CT Weston, FL 33327

(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 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 penaltics 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 fac in s.817.155, F.S.)

Ignecic Villegas

Typed or printed name of signed

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)

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