

L13000133903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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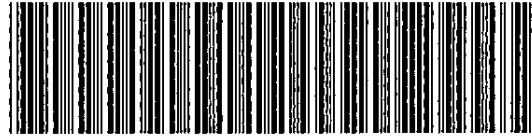
(Business Entity Name)

(Document Number)

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Effective Date Oct, 15, 2013

09/20/13--01006--030 **125.00

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13 SEP 20 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9.22.13

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flyy Boy Entertainment, L.L.C.
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:

David N. Williams
Name of Person

Flyy Boy Entertainment, L.L.C.
Firm/Company

3175 Split Willow Drive.
Address

Orlando, FL. 32808.
City/State and Zip Code

CA1187 @ hmail. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David N. Williams at (407) 692-4545
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Effective Date OCT 15, 2013

ARTICLE II - Address:

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

Principal Office Address:

Flyy Boy Entertainment, L.L.C.
3175 Split Willow Dr.
Orlando, FL 32808

Mailing Address:

Flyy Boy Entertainment, L.L.C.
3175 Split Willow Dr.
Orlando, FL 32808

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:

David N. Williams
Name

3175 Split Willow Dr.
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32808
City, State, and Zip

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3 SEP 20 AM 11:41
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TALLAHASSEE, FLORIDA

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..

David N. Williams
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:

Manager

David N. Williams
3175 Split Willow Dr.
Orlando, FL. 32808.

Member

Michael Tukes
2409 Jordanelle Dr.
Orlando, FL. 32808.

Member

Tasheba Bunkles
3114 Pipes D' the Glen Way
Orlando, FL. 32808.

Member

Elynn Crocker
2409 Jordanelle Dr.
Orlando, FL. 32808.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 15, 2013 (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.)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

David N. Williams

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.)

David N. Williams

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)