

L13000169367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

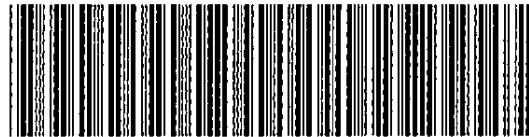
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/09/13--01002--005 **125.00

EFFECTIVE DATE

1/1/14

RECEIVED
13 DEC -6 PM 4:16
DIVISION OF REVENUE ADMIN

13 DEC -6 PM 4:32
STATE OF FLORIDA
REVENUE DIVISION

APPROVAL
FILED

DEC - 6 2013

T. HAMPTON

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hot Parties Party Rental
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:

Jatanishiev M'curdie
Name of Person

Hot Parties Party Rental
Firm/Company

11030 Balkin Rd Lot #145
Address

Tallahassee Florida 32305
City/State and Zip Code

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

For further information concerning this matter, please call:

Jatanishiev M'curdie at (305) 528-4059
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

EFFECTIVE DATE

1/1/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hot Parties Party Rental 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:

11630 Balkin Rd Lot #145
Jallahassee Florida 32305

1303 Ocala Rd Apt #179
Jallahassee Florida 32304

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:

Jameka Shelton
Name

11630 Balkin Rd Lot #145

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

Jallahassee FL 32305
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..

Jameka Shelton
Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA
CLERK OF THE COURT

13 DEC -6 PM 4:32

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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:

MGRM

Tatanishia M'Curdie
1303 Ocala Rd Apt 179
Tallahassee, FL 32304

MGRM

Shironda Young
48 Johnny Sweet Rd
Quincy, Florida 32351

MGRM

Jamelka Shelton
1630 Balkin Rd Lt # 145
Tallahassee, FL 32305

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/14 (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:

Tatanishia M'Curdie

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.)

Tatanishia M'Curdie

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)

FILED
TALLAHASSEE, FLORIDA

13 DEC -6 PM 4:32

APPROVED
FILED