# Pavision of Completions Physical Lings ov Sheet 2

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PETERSON & MYERS PA

Account Number : I20080000078

Phone : (863)676-7611

\* Fax Number : (863)455-1317 676-0643

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Hello@celebrationshirts.com

### FLORIDA LIMITED LIABILITY CO. CELEBRATION SHIRTS, LLC

 Certificate of Status
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 Certified Copy
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 Estimated Charge
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BIVISION OF CORPERATES

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MAY 29 2014 Help J. HARRIS





May 28, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PETERSON & MYERS

SUBJECT: CELEBRATION SHIRTS, LLC

REF: W14000032872

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  $(850)\ 245-6051$ .

Jenna D Harris Regulatory Specialist II FAX Aud. #: H14000121800 Letter Number: 514A00011414

RECEIVED 4 MAY 28 PH 1: 06 SECRETARY OF STATE ALLAHASSEE, FLORIDA BIVISIBH ST CORT FRAIRM

### ARTICLES OF ORGANIZATION **FOR** Celebration Shirts, LLC, A Florida Limited Liability Company

The undersigned, desiring to form a professional limited liability company under and pursuant to Chapters 605, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

### ARTICLE I Name

The name of this Company shall be Celebration Shirts, LLC.

### ARTICLE II Duration

The term of existence of the Company shall be perpetual.

### ARTICLE III Mailing and Street Address

The mailing and street address of the Company is: 513 Alleria Court, Auburndale, FL 33823.

### ARTICLE IV Registered Agent and Office

The name and street address of the initial registered agent and office for this Company is as follows: Bart Allen, 100 West Stuart Ave, Lake Wales, Florida, 33853.

ARTICLE V
Managing Member

The name and address of the Initial Managing Members are as follows:

Title: MGRM Name and Address:

Christine Petr 513 Alleria Court,

Auburndale, FL 33823

**MGRM** 

David Petr 513 Alleria Court, Auburndale, FL 33823

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## ARTICLE VI Admission of Additional Members; Terms and Conditions of such Admissions

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

### ARTICLE VI Management of Company

The Company is to be a manager-managed company.

## ARTICLE VII Amendment of Articles of Organization

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 605, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

## ARTICLE VIII Transferability of Member's Interest

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Company and in accordance with applicable law.

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BIVISION OF CONTENTION

#### H14000121800 3

IN WITNESS WHEREOF, the undersigned have hereunto set their hands this the 1<sup>st</sup> day of January, 2014.

v: (//////ey

hristine Petr, Manager-Member

By:

David Petr, Manager-Member

### STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above-stated limited liability company, 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 in Chapter 605, Florida Statutes.

Bart Allen

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 1<sup>st</sup> day of January, 2014, by Bart Allen, who is personally known to me or produced \_\_\_\_\_\_

as identification.

(SEAL)

Print Name of Notary
My Commission Expires:

14 MAY 28

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