

L14000106323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

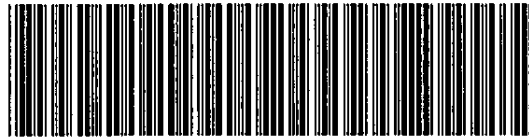
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100261623121

07/03/14--01009--025 **160.00

EFFECTIVE DATE 07-15-14

FILED

2014 JUL -3 P 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 3 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURLY POP ENTERTAINMENT, LLC
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:

BLANCA CALLAHAN

Name of Person

Firm/Company

8579 ANDOVER BRIDGE CT.

Address

ORLANDO, FL 32829

City/State and Zip Code

Curlypopentertainment@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLANCA CALLAHAN

Name of Person

at (

407)

Area Code

493-9899

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL -3 P 3:37

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CURLY POP ENTERTAINMENT, L.L.C.

(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:

8579 ANDOVER BRIDGE CT.
ORLANDO, FL 32829

Mailing Address:

8579 ANDOVER BRIDGE CT.
ORLANDO, FL 32829

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:

BLANCA CALLAHAN

Name

8579 ANDOVER BRIDGE CT.

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

ORLANDO

City

FL

32829

Zip

2014 JUL -3 P 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 605, F.S.

Blanca Callahan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

BLANCA CALLAHAN
8579 ANDOVER BRIDGE CT.
ORLANDO FL 32829

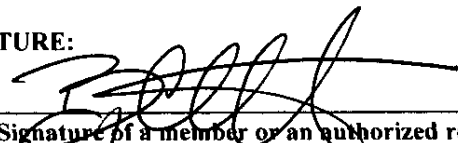
BENJAMIN CALLAHAN
8579 ANDOVER BRIDGE CT.
ORLANDO FL 32829

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 15th 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

BENJAMIN CALLAHAN

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agents
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
2014 JUL -3 P 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA