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(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number	)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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07/25/14--01014--014 \*\*160.00

EFFECTIVE DATE

14 JUL 25 PH 1:45

JUL 2 5 2014 T. BROWN

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Key West Party Pedaler 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:
Sean o' Haire
Key West Party Predaler
585 Highway AJA
Vero beach FL 32963
City/State and Zip Code  backel, ohaire a ml. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sean O'Haire 11,772, 234-8904
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\$ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street/Convice Address

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 COMPANE
ARTICLE 1 - Name: The name of the Limited Liability Company is:
Key West Party ledaler, 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:  585 Highway A 1 A  Vess Leads to 32862
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:

Highway

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>litle:</u>		Name and Address:
AMBR" = Authorized MGR" = Manager	Member	A . 1 .
	MOK	Sean O Haire
		585 Highway A1A
11000		Vero Beach Th 32963
HMBK	· 	Baerbel O'Haire
	_	585 Highway A1A
		Vero Beach V FL 32963
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Use attachment if nece	essary)	2177/16
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