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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>PAJAMA MOON ARTS AND GA</u> Name of Lii	MRDENS LLC. mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	DANIEL D. BELLANTE	N. CD	
		Name of Person	
	PAJAMA MOON ARTS AND GAR		
		Firm/Company	
	1515 LAKE AVENUE	der werden 18 ikwe da en 18 ikwe in 18 ikwe i	, , , , , , , , , , , , , , , , , , ,
		Address	
	LAKE WORTH FLORIDA 33460		
	(City/State and Zip Code	
<u>_di</u>	oellante48@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
DANI	EL BELLANTE at (561) 703-1559 Area Code Daytime Te	lephone Number
	Nume of Felson	Area code Daytine re	repriore realises
Enclos	ed is a check for the following amount:		
\$125.0	00 Filing Fee \$\Bigcup \text{\$\frac{1}{30.00}\$ 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	Street/Courier Addi	res <u>s</u>
	Registration Section	Registration Section	·
	Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	ions
	Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
PAJAMA MOON ARTS AND GARDENS LLC. (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC."))	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:	;	
Principal Office Address:	Mailing Address:		
1515 LAKE AVENUE LAKE WORTH FLORIDA 33460	2711 SOUTH OCEAN BLVD., #3 HIGHLAND BEACH FLORIDA 33487		
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Runother business entity with an active Florida registration.	Registered Agent. You must designate an	ı individual o	or
The name and the Florida street address of the registered a	agent are:		
DANIEL D. BELLANTE	<u></u>	; [8] _	
Name	مغر	6 6 8	، ئڈس۔
2711 SOUTH OCEAN BLVD Florida street address (P.O. Box I		7-2	COMPA-
HIGHLAND BEACH	FL 33487		-
City	Zip ~	وب النات	1
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signatur (CONTINUE)	the appointment as registered agent and fall statutes relating to the proper and congations of my position as registered agent of F.S	agree to act implete perfo	in this ormance
Page 1 of 2			

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	DANIEL D. BELLANTE 2711 SOUTH OCEAN BLVD., #3 HIGHLAND BEACH FLORIDA
 	
	
	
EV: Effective date, if other than the c	late of filing: (OPTIONAL)
EV: Effective date, if other than the cective date is listed, the date must be f filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the certive date is listed, the date must be f filing.) EVI: Other provisions, if any.	late of filing:
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E V: Effective date, if other than the certive date is listed, the date must be filling.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the octive date is listed, the date must be f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the octive date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	specific and cannot be more than five business days prior to or 90
E VI: Other provisions, if any. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	member of avauthorized representative of a member of statutes, the execution of this decuments of the penalties of perjury that the facts stated herein are frue. If formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)