

L15000029590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

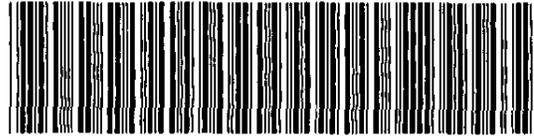
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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BUREAU OF CORPORATIONS
15 FEB 18 AM 11:25
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APPROVED
AND
FILED
15 FEB 18 AM 11:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

K SALLY
EXAMINER
FEB 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Party Tents-n-More, 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:

Billy Bishop
Name of Person

Party Tents-n-More, LLC
Firm/Company

Pu Box 161
Address

St. Marks, FL 32355-0161
City/State and Zip Code

partytentsnmore@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Billy Bishop at (850) 321-4522
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

TO Whom it May Concern:

Attention: Karen

I agree to let Party Tents-N-More LLC
to be used by Billy & Charlene Bishop.

I will dissolve Party Tents-N-More
Inc.

Danna W. Stafford
Vice President

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Party Tents-n-More, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

111 Crabapple Lane
St. Marks, FL 32355

P.O. Box 161
St. Marks, FL 32355-0161

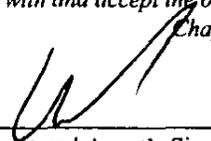
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Billy Bishop
Name
111 Crabapple Lane
Florida street address (P.O. Box NOT acceptable)
St. Marks FL 32355
City 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 605, F.S.



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

MGR

MGR

Name and Address:

Charlene Bishop

P.O. Box 161

St. Marks, FL 32355-0161

Billy Bishop

P.O. Box 161

St. Marks, FL 32355-0161

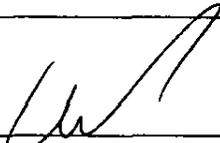
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Billy Bishop

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)

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