

L15D 00125403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

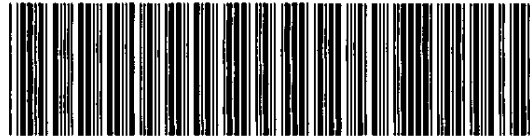
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2015 JUL 20 AM 10:55

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

EFFECTIVE DATE

July 18, 2015

JUL 27 2015

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PEEK-A-BOO-INTIMATES 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:

JOAN C. MINTZ

Name of Person

PEEK-A-BOO-INTIMATES LLC

Firm/Company

7235 LEMON GRASS DRIVE

Address

PARKLAND, FLORIDA 33076-3950

City/State and Zip Code

JOANIE MINTZ23@GMAIL.COM

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

For further information concerning this matter, please call:

GARY L. MINTZ

954

575-2527

at (_____) _____

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE
July 18, 2015**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PEEK-A-BOO-INTIMATES 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:7235 LEMON GRASS DRIVE
PARKLAND, FLORIDA 33076-3950**Mailing Address:**7235 LEMON GRASS DRIVE
PARKLAND, FLORIDA 33076-3950**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:

JOAN C. MINTZ

Name

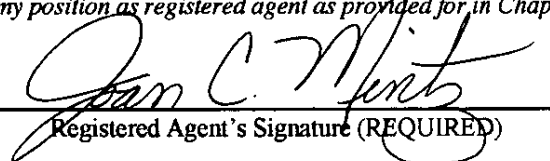
7235 LEMON GRASS DRIVEFlorida street address (P.O. Box **NOT** acceptable)PARKLANDFLORIDA33076-3950

City

State

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
2015 JUL 20 AM 10:55

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:

JOAN C. MINTZ

7235 LEMON GRASS DRIVE

PARKLAND, FLORIDA 33076

GARY L. MINTZ

7235 LEMON GRASS DRIVE

PARKLAND, FLORIDA 33076-3950

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 18, 2015 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JOAN C. MINTZ

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)