## 1/600/88586

(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



700291076647

10/11/16--01024--013 \*\*125.00

16 00 II FI 1: 22

M. MOON 0CT 11 2016

## COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	: PRINCESSES A	ND PRINCES	S LLC
	Name of L	imited Liability Company	
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	rn all correspondence concerning this	matter to the following:	
	GRANT MIL	LER Name of Person	
		Name of Ferson	
		Firm/Company	<b>5</b> 2
	2045 POLIN	5 1111 S 1 A	<u> </u>
	3075 ROLLING	Address	
	APOPKA FL	32712	<u>.</u>
		City/State and Zip Code	a./. com % &
•	Grantemille	cr 25 @ gm ed for future annual report	all Com
For further i	nformation concerning this matter, plea		inotification)
(	Name of Person	512 629 Area Code Daytime	- 7888 Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is end	Certificate of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addr New Filing S Division of C Clifton Build 2661 Execut Tallahassee,	ection Corporations ling ive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I	- Name:
---------	---	---------

The name of the Limited Liability Company is:

PRINCESSES AND PRINCES L
(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:

Mailing Address:

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:

3075 ROLLING HILLS LANE

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

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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	GRANT MILLER
Mar_	3075 ROLLING HILLS LANE
	APOPLA FL 32712
EV: Effective date, if other than t ctive date is listed, the date mus f filing.)	the date of filing: 1 1 2017 (OPTIONAL)  t be specific and cannot be more than five business days prior to or 90 c
EV: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart	t be specific and cannot be more than five business days prior to or 90 ces not meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date mus of filing.)	t be specific and cannot be more than five business days prior to or 90 ces not meet the applicable statutory filing requirements, this date will not be rement of State's records.
EV: Effective date, if other than to ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Department's effective date.	t be specific and cannot be more than five business days prior to or 90 ces not meet the applicable statutory filing requirements, this date will not be rement of State's records.
EV: Effective date, if other than to ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.  REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 ces not meet the applicable statutory filing requirements, this date will not be rement of State's records.
EV: Effective date, if other than to ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depa EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document'is	es not meet the applicable statutory filing requirements, this date will not be rement of State's records.  The state of a member or an authorized representative of a member.  The executed in accordance with section 605.0203 (1) (b), Florida Statutes.
E V: Effective date, if other than to ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depa E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document'is I am aware that a	t be specific and cannot be more than five business days prior to or 90 ces not meet the applicable statutory filing requirements, this date will not be rement of State's records.
E V: Effective date, if other than to tive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depa E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document is I am aware that a constitutes a third	es not meet the applicable statutory filing requirements, this date will not be retirent of State's records.  of a member or an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Florida Statutes.  ny false information submitted in a document to the Department of State it degree felony as provided for in s.817.155, F.S.
E V: Effective date, if other than to ective date is listed, the date must of filing.) the date inserted in this block does nent's effective date on the Depa E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document is I am aware that a constitutes a third	es not meet the applicable statutory filing requirements, this date will not be rement of State's records.  The first and cannot be more than five business days prior to or 90 cers not meet the applicable statutory filing requirements, this date will not be rement of State's records.  The first and cannot be more than five business days prior to or 90 cers not meet the applicable statutory filing requirements, this date will not be rement of State and the second meet the applicable statutory filing requirements, this date will not be rement of State and the second meet the applicable statutory filing requirements, this date will not be rement of a member of a member.  The first state is a member of a memb
EV: Effective date, if other than to ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depa EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document is I am aware that a constitutes a third	es not meet the applicable statutory filing requirements, this date will not be rement of State's records.  of a member or an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Florida Statutes.  ny false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.