

L17000105937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

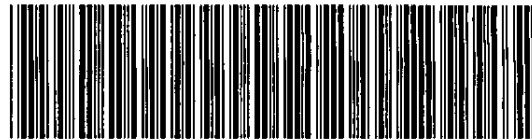
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800298807238

FILING CANCELLED  
RETURNED CHECK

05/12/17--01013--008 \*\*125.00

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17 MAY 12 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

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TO: New Filing Section  
Division of Corporations

SUBJECT: Play Wise, 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:

Deidre Shimp  
Name of Person

Play Wise  
Firm/Company

P.O. Box 530375 -  
Address

Debarry FL 32753 - 0375  
City/State and Zip Code

Lets play wise @ gmail . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deidre Shimp at ( 407 ) 739-9160  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

PlayWise, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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ARTICLE II - Address:

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

Principal Office Address:

48 Craycroft Ave  
Debarry, FL  
32713

Mailing Address:

P.O. Box 530375  
Debarry, FL  
32753-0375

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:

Deidre Shimp  
Name  
48 Craycroft Ave  
Florida street address (P.O. Box **NOT** acceptable)  
Debarry, FL 32713  
City State Zip

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*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..*

Deidre Shimp  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

# FILING CANCELLED RETURNED CHECK

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

### Title:

"AMBR" = Authorized Member

"MGR" = Manager

Deidre Shimp  
MGR

### Name and Address:

48 Craycroft Ave  
Debarry FL 32713

OR P.O. Box 530375  
Debarry, FL  
32753-0375

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/09/17 (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:

Deidre Shimp  
Signature of a member or an authorized representative of a member  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.  
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.

Deidre Shimp  
Typed or printed name of signer

### 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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