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M. MOON

MAY 1 8 2017

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: <u>Ali & Kai's inflatables. LLC</u> Name of Lir	mited Liability Company
The en	closed Articles of Organization and fee(s) a	re submitted for filing.
Please	return all correspondence concerning this n	natter to the following:
	Sammy Bueno	
		Name of Person
	Ali & Kai's inflatables LLC	
		Firm/Company
	128 King Ct	
		Address
<u>s</u>	m hueno@yahoo.com	City/State and Zip Code ed for future annual report notification)
For fu	ther information concerning this matter, ple	ase call:
<u>Samn</u>	Name of Person	386) 916-3150 Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:	
☑ \$125.(00 Filing Fee \$\Bigcup \text{\$\sum \exi} \sim \sin \sin \$\si	□\$155.00 Filing Fee & □\$160.00 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

T.V

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ited Liability Company, "L.L.C.," or "LLC.	
address of the principa	al office of the Limited Liability Company is	
		5:
	Mailing Address:	
	128 King Ct	
	Crescent City, FL 32112	
ny Bueno		
142	inc	
ing Ct la street address (P.O. I	Box NOT acceptable)	
	Box NOT acceptable) FL 32112	
1	ny cannot serve as its on active Florida registrant address of the registenty Bueno	128 King Ct Crescent Cify, FL 32112 gent, Registered Office, & Registered Agent's Signature: by cannot serve as its own Registered Agent. You must designate an active Florida registration.) It address of the registered agent are:

Registered agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Fitle:	Name and Address:
\overline{AMBR} " = Authorized Mo	
MGR" = Manager	
MGR	Sammy Bueno
	128 King Ct
	Crescent City, FL 32112
-	
V: Effective date, if other	r than the date of filing:
CV: Effective date, if other ctive date is listed, the date if filing.)	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or
CV: Effective date, if other ctive date is listed, the date if filing.) CVI: Other provisions, if a	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or
ctive date is listed, the date if filing.) EVI: Other provisions, if a	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or ny. E:
EV: Effective date, if other ctive date is listed, the date is listed, the date is listed. The date is listed, and a listed date. The date is listed date is listed, the date is listed at listed date is listed date.	te must be specific and cannot be more than five business days prior to or my. E: ature of a member or an authorized representative of a member. with section 605.0203 (1) (b). Florida Statutes, the execution of this documen irmation under the penalties of perjury that the facts stated herein are true. my false information submitted in a document to the Department of State
EV: Effective date, if other ctive date is listed, the date is listed, the date is listed. The date is listed, and a listed date. The date is listed date is listed, the date is listed at listed date is listed date.	te must be specific and cannot be more than five business days prior to or my. E: ature of a member or an authorized representative of a member. with section 605.0203 (1) (b). Florida Statutes, the execution of this documen irmation under the penalties of perjury that the facts stated herein are true.
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Page 2 of 2