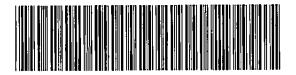
## 117-000230261

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Play D:rty Enterta:number	2nt LLC Liability Company
The enclosed Articles of Organization and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter to	o the following:
Lutherson Vs 66	
Na	me of Person
Fig	rm/Company
250 N.E. 215	t street # 5
	*;;_ w
Delray Beach, Fr City/St Playd: +ty561 Ogme: 1. com E-mail address: (to be used for fi	33444
City/St	ate and Zip Code ෙු
E-mail address: (to be used for fi	uture annual report notification)
For further information concerning this matter, please call:	
Litterson 15th at (561  Name of Person Area C	, 703-0753
Name of Person Area C	ode Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy ditional copy is enclosed)  \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: 1

The name of the Limited Liability Company is:	
Play O:rty Entertzinme (Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	Tice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
DEIRSY REGGY FL 33444	250 NE 21st street Dursy Reich FL 35444
Deirsy Reach, FL 33444	Dursy Reich FL 33444
(The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.)  The name and the Florida street address of the registered.	1.)
Lutherson 250 N.E.	
	Name
250 N.E.	21st street
Florida street address	(P.O. Box NOT acceptable)
Delray Beach	FL         35444           State         Zip
City	State Zip
laving been named as registered agent and to accept servic	ce of process for the above stated limited liability company at the

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)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager TER AMBR	Lutherson Year C.	
	Deling Reach FL 33444	<del>-</del>
AMBR	Shawn Hinds 314 NW 10th Ave Bounton Reach, FL 33455	<del>-</del>
AGE AMBR	Martha Nayel: Ramos 5273 Van Buren Rd	_ 
	Delrey Beech, FL 33484	L L L L L
	63.	_ <del>(</del>
(Use attachment if necessary)		િ સ
ARTICLE V: Effective date, if other than the date of filing If an effective date is listed, the date must be specific as the date of filing.)  Note: If the date inserted in this block does not meet the	nd cannot be more than five business days prior to or applicable statutory filing requirements, this date will	ග - 90 Jays af
	e s records.	
the document's effective date on the Department of State	: s fecords.	
ARTICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:		
REOUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member.	
REOUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform		
REOUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida Statut nation submitted in a document to the Department of Status as provided for in s.817.155, F.S.	

as

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)