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To:

Division of Corporations

Fax Number : (850)617-6381

From:

22

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FESTT V	ddress:		

FLORIDA LIMITED LIABILITY CO. MIAMI PARTY SERVICE LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY EFFECTIVE: 1-1-19

A	RT	TCI	ÆΙ	- N	ame:
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The name of the Limited Liability Company is:

MIAMI PARTY	SERVICE	LLC			
ARTICLE II - Address: The mailing address and street address of t Company is:	he principal office of the Lim	ited Liability			
13727 BW 152	ST	100 66 28			
Suite 400		V 26			
Miami FL 3	3177	PH PH			
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)					
RICHARD F.		· · · · · · · · · · · · · · · · · · ·			
13727 SW 152	ST Suite	400			
Miami FL 3	3177				
ARTICLE IV The name and title of each person authoriz Liability Company: (MGR or AMBR)		Limited MBR)			
The state of the s	<u>- (</u>				
•					

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)