

L21000048417

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

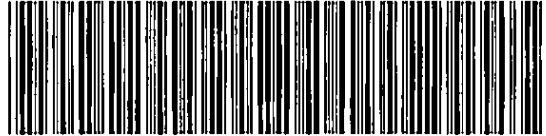
(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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2020 NOV 30 AM 10:45

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~~W2-000011906~~  
W2-000012891



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2020

TRACIE PUSTIZZI  
12136 GRANITE WOODS LOOP  
VENICE, FL 34292

SUBJECT: BUST OUT BALLONS  
Ref. Number: W20000111906

FILED  
2020 NOV 30 AM 10:45  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF HILLSBORO, FLORIDA

We have received your document for BUST OUT BALLONS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Derrick Thompson  
Regulatory Specialist II

Letter Number: 520A00018783

FILED  
2020 OCT 13 PM 12:39  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF HILLSBORO, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2020

TRACIE PUSTIZZI  
12136 GRANITE WOODS LOOP  
VENICE, FL 34292

SUBJECT: BUST OUT BALLOONS, L.L.C.  
Ref. Number: W20000128511

FILED  
2020 NOV 30 AM 10:45  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/10/20 BY 60322

We have received your document for BUST OUT BALLOONS, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Derrick Thompson  
Regulatory Specialist II

Letter Number: 220A00022338

2020 NOV 30 PM 12:04

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Bust Out Balloons L.L.C  
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:

Tracie Pustizzi

Name of Person

Bust Out Balloons L.L.C

Firm/Company

12136 Granite Woods Loop

Address

Venice, Florida 34292

City/State and Zip Code

mrsstiz@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracie Pustizzi 781 6038472  
Name of Person at ( ) 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bust Out Balloons L.L.C

(Must contain 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:

12136 Granite Woods Loop Venice, Fl 34292

12136 Granite Woods Loop Venice FL 3429

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:

Tracie Pustizzi

Name

12136 Granite Woods Loop

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

Venice

Fl

34292

City

State

Zip

*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..*

Tracie Pustizzi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2020 NOV 30 AM 10:45  
HALL COUNTY, FLORIDA

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

Tracie Pustizzi

12136 Granite Woods Loop Venice FL 3492

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8/10/2020 (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:**

Tracie Pustizzi 

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Tracie Pustizzi 

Typed or printed name of signee

**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)