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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. ABC SUSANA PARTY PLANNER LLC

Certificate of Status	1	
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Page Count	03	
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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
ABC SUSANA PARTY PLANNER LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab Company is:	ility	
SUSANA P FERNANDEZ		
10850 SW 139 RD		
MIAMI FL 33176		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liable Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) SONA P. FERNDDDEZ	lity	
10850 SW 139 KD		
MIDNI TU 33176		·
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) SUSANA P FERNANDER MGR		2022 SEP
10850 6W 139 KD		<u> </u>
MIONI FU 33176	17.37	H 8: 59
	10,	59

Required Signatures:

3052201440

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 695, F.S..

Registered Agent's Signature (REQUIRED)