

L11000124248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

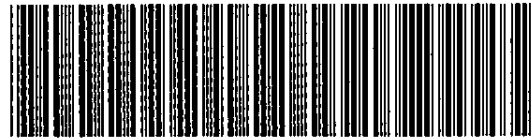
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Gloria QMA
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DATE 11/11/11
1000 ESVA

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11 OCT 31 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan NOV 1 - 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Yaya & Nisha's Unforgettable Events, LLC
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:

Gloria P. Oliva and Dineesha Edwards
Name of Person

Yaya & Nisha's Unforgettable Events, LLC
Firm/Company

519 Hibiscus Avenue
Address

Lehigh Acres, FL 33972
City/State and Zip Code

Yaya 9978@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria P. Oliva and Dineesha Edwards at (239) 357-6272 / 239-699-0048
Name of Person Area Code & 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
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Yaya e Nisha's Unforgettable Events, LLC
(Must end with 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:

519 Hibiscus Avenue
Lehigh Acres, FL 33972

519 Hibiscus Avenue
Lehigh Acres, FL 33972

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.)

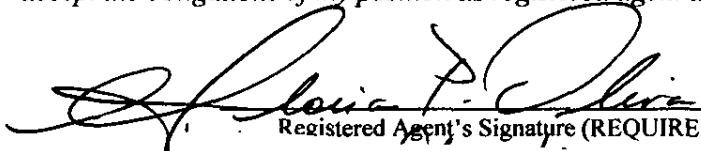
The name and the Florida street address of the registered agent are:

Gloria P. Oliva
Name

519 Hibiscus Avenue
Florida street address (P.O. Box **NOT** acceptable)
Lehigh Acres, FL 33972
City, State, and Zip

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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 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Gloria P. Oliva
519 Hibiscus Avenue
Lehigh Acres, FL 33972

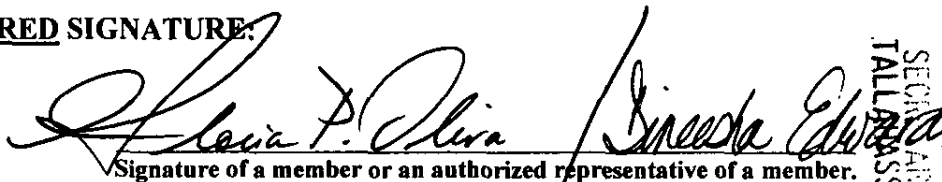
MGR

Dineesha Edwards
204 NW 28th Street / 519 Hibiscus Avenue
Cape Coral, FL 33993 / Lehigh Acres, FL 33972

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1st 2012 (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.)

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), 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.)

Gloria P. Oliva / Dineesha Edwards

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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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)