

# L23000332225

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : CG TAX, INC.  
Account Number : I1999000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
MAJESTIC GALA EVENTS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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2023 JUL 13 PM 1:56  
SECRETARY OF  
TALLAHASSEE COUNTY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF

**MAJESTIC GALA EVENTS, LLC.**

ARTICLE I - NAME

The name of the Limited Liability Company is:

**MAJESTIC GALA EVENTS, LLC.**

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**6830 INDIAN CREEK DR APT 4E  
MIAMI BEACH, FL. 33141**

The mailing address shall be:

**6830 INDIAN CREEK DR APT 4E  
MIAMI BEACH, FL. 33141**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:

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

**FELIPE E. REVOLLO**

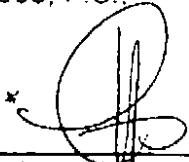
**6830 INDIAN CREEK DR APT 4E**  
Florida Street address (P.O.BOX NOT acceptable)  
**MIAMI BEACH, FL. 33141**  
City, State, and Zip

STATE PAINT OF  
CALLAHAN, FL 32011

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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 605, F.S.



**REGISTERED AGENT'S SIGNATURE**

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

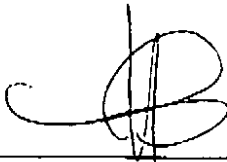
**FELIPE E. REVOLLO  
6830 INDIAN CREEK DR APT 4E  
MIAMI BEACH, FL. 33141**

**AMBR**

**LINDA I ALVAREZ  
6830 INDIAN CREEK DR APT 4E  
MIAMI BEACH, FL. 33141**

**MANAGER**

x



**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.)

**FELIPE E. REVOLLO**