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13 JUN 27 AM 10: 55.



COVER LETTER

TO: Registrat Division	tion Section of Corporations					
SUBJECT:	Z EVENT Name	COMPANY L.L. e of Limited Liability Company	<u>C.</u>			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida						
Please return all c	correspondence concerning this matte	er to the following:	JUN 2			
-	SUSAN Z	Name of Person	L.C.			
_	Z EVENT	COMPANY L	L.C. \$5			
-	122 HECTOR	Address	and the state of t			
		Address				
METAIRIE, La. 70005						
City/State and Zip Code						
SUSAN @ ZEVENT CO. COM E-mail address: (to be used for future annual report notification)						
For further inform	nation concerning this matter, please	call:				
	SUSAN Z.BUBIS Name of Person	at (<u>561</u>) <u>32</u> Area Code & Davtime Telephone	46-4909 Number			
Division Registrat P.O. Box	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & Certificate of Status} \sum_{155.00}\$ \text{Filing Fee & Certified Copy} \sum_{155.00}\$ \text{Filing Fee & Certified Copy} \sum_{155.00}\$ \text{Filing Fee, Certificate of Status & Certified Copy}						

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Z EVENT COMPANY L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Duration: Year limited liability company-will exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: SUSAN ZACKIN BUBIS 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: EVENT PLANNING Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the

Typed or printed name of signee

SUSAN ZACKIN BUBIS

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.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

d Liability Compar	ny is:				
EVENT	COMRAN	JY LL		N-M	_
to be used in the s	state of Florid	a is:			
SVSAN 307 CHAN Florida Street Addre	Name) ABORD ess (P.O. Box No	N BUB TERRA DT ACCEPTABLI	IS CS	13 JUN 27 AM D: 55	77
	to be used in the section to be used in the section that the section is to be used in the section to be used in the sectio	da street address of the registered SVSAN ZACKI (Name) 307 CHAMBORD Florida Street Address (P.O. Box No.	EVENT COMPANY LLe to be used in the state of Florida is: da street address of the registered agent and of SVSAN ZACKIN BUB (Name) 307 CHAMBORD TERPA Florida Street Address (P.O. Box NOT ACCEPTABLE)	EVENT COMPANY LLC e to be used in the state of Florida is: da street address of the registered agent and office are: SVSAN ZKCKIN BUBIS (Name) 307 CHAMBORD TERRACS Florida Street Address (P.O. Box NOT ACCEPTABLE) PB6, FL 33410	EVENT COMPANY LLC e to be used in the state of Florida is: da street address of the registered agent and office are: SVSAN ZKCKIN BUBIS (Name) 307 CHAMBORD TERRACE Florida Street Address (P.O. Box NOT ACCEPTABLE) PBG, FL 33410

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, Florida Statutes

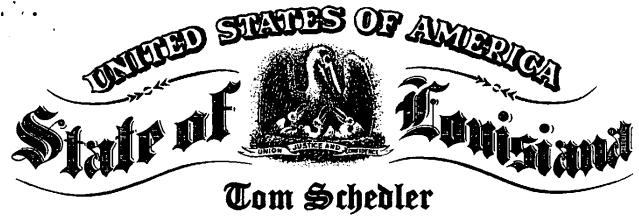
\$ 100.00

\$ 25.00 Designation of Registered Agent

Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

Z EVENT COMPANY L.L.C.

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 30, 2013,

I further certify that no Certificate of Dissolution has been issued.

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In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 24, 2013

THE CONFIDENCY OF STREET

Certificate ID: 10394477#83P83

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov

Secretary of State
Web 41186718K