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# **COVER LETTER**

TO: Registration Section

Division of Corporations
SUBJECT: LE GAMIN 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:
ROBERT ARBOR (Name of Person)
C/O F-X DNESS CATIENING OF STU T-LONIDA (Firm/Company)
1318 900TH WEST 74TH AV. (Address)
NONTH LANDFANALE FL 33068 (City/State and Zip Code)
For further information concerning this matter, please call:
ROBERT ARBOR at 917, 318 0420 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\Begin{align*} \text{\$125.00 Filing Fee} \text{ \$\text{\$130.00 Filing Fee & Certificate of Status} } \Begin{align*} \$\$\$\$ \$\text{\$\$155.00 Filing Fee & Certificate of Status & Certificate of Sta
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

CE GAMIN F2V  (Must end with the words "Lim	_			
ARTICLE II - Address: The mailing address and street address of	of the principal of	ffice of the Limited L	iability Con	npany is
Principal Office Address:	<u>Mailin</u>	g Address:		
EX DAGS CATEMNO OF S 1318 SOUTH GAT THE AV MONTH LANDKADAUE, FL 330 ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office,			
The name and the Florida street address  REPARS CATRMINI  1318 SOUTH WRAT  NONTH CAUDI  Cit	Robert Hame Sout 74 AV F Charles (P.O.	APLRON  H FLOM DA  L 33068  Box NOT acceptable)	07 NOV -7 PH 1: 08	PIVISION OF THE SECRETARY
Having been named as registered agent liability company at the place design	t and to accept ser	rvice of process for the		

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 and agree to act in this capacity. I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

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

Title

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
SER	ATTACH UST
	<del></del>
(Use attachment if necessary)	
LE V: Effective date, if other than the date	te of filing: (OPTIONAL)

ARTIC (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.)

> ROBERT ARRON 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)

Le Gamin Events, LLC
MGRM" = Managing Member:

Stephen MacKenzie 111 Broadway 12th Floor New York, NY 10006

Walter Schubert 111 Broadway 12th Floor New York, NY 10006

David Andrew 2456 Third Ave. west Seattle Washington 98119

John Reid 375 Greenwich Street New York, NY 10013

Robert Arbor 51 mac Dougal st suite 465 New york , ny 10012