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(Requestor's Name)
(Address)
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, ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Division of C					
SUBJI	ECT:	Audie Ex	positi	on Se	rvices, L	LC.
		Name of Limi	ted Liab	ility Com	npany	·
The en	closed Articles	of Organization and fee(s) are	submitt	ed for fil	ing.	
Please	return all corres	pondence concerning this mat	tter to th	e followi	ng:	
		Thor		Paneb	ianco	
			Name	of Person		
	.		Firm/C	Company	<u></u>	
		P	.O. B	ox 3546	6	
			Ad	dress		
				Florida	32303	
			•	@gmail		
-		E-mail address: (to be used	for futur	e annual re	port notification	on)
For fur	ther information	concerning this matter, pleas	e call:			
·		F. Panebianco	_ at (850		350-2249 Telephone Number
	Name	of rerson		Area Co	de & Dayume	reteptione Number
Enclos	sed is a check f	or the following amount:				
7 \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	T Ce	rtified C	ing Fee & Copy opy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Maiting Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registra Division Clifton 2661 E	Courier Adda ation Section on of Corporat Building xecutive Cent assee, FL 3230	ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	2:		
The name of the Lim	ited Liability Compa	any is:	•
	Audie Expositi	on Services, LLC.	
(Must	end with the words "Limite	ed Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Add	ress:		
The mailing address	and street address of	the principal office of the Limited	Liability Company is:
Principal Office Address:		Mailing Address:	
862 Carlson Road		862 Carlson Road	
Orlando, Florida 32804		Orlando, Florida 32804	<u> </u>
(The Limited Liability Com business entity with an act	pany cannot serve as its ow ive Florida registration.) orida street address o Josep	stered Office, & Registered Agent on Registered Agent. You must designate an ind of the registered agent are: oh J. Audie, III Name Carlson Road	lividual or another SECRETAL AHAS
		ss (P.O. Box NOT acceptable)	P
			PH 2: 16 PH 2: 16 PY OF STATE SEE FLORID
		State, and Zip	DE 6
liability company registered agent and statutes relating to	at the place designat agree to act in this c the proper and comp	and to accept service of process for the ted in this certificate, I hereby accept apacity. I further agree to comply will be performance of my duties, and I as registered agent as provided for in	the appointment as ith the provisions of all am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

"MGR" = Manager	Name and Address:	
"MGRM" = Managing	Member	
MGRM	Joseph J. Audie, III	
111011111	862 Carlson Road	
	Orlando, FL 32804	
	Midlion, I L 32007	
	The state of the s	
		
(Use attachment if nece	eccary)	
(ODD MEMORITHMENT II HOUSE	, some significant and signifi	
ICLE V: Effective date, if	f other than the date of filing: (OPTIONAL	
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ICLE V: Effective date, if a effective date is listed, the 90 days after the date of 1	te date must be specific and cannot be more than five business days filing.) FURE:	s prior
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)