

Casselberry Florida 35718-1996

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name)		#1 50.00
2. (Corporation Name)	(Document#)	<u></u>
3. (Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time _	Certifi	
☐ Mail out ☐ Will wait	Photocopy	cate of Status
NEW FILINGS	AMENDMENTS	ARY OF CORPO
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/D Change of Registered Agent Dissolution/Withdrawal Merger	9:
OTHER FILINGS	REGISTRATION/QUALIFICAT	<u>rion</u>
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	·

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Examiner's Initials

August 5, 2002

difficles of Organization for Florida Limited Liability Company.

Personal Contact Information

Name: Tatyana McCall, Partner

Address: 103 camphorwood CouA - Winter Springs, FC 32708

Telephone: (407) 448-3590 (Daytime cell)

Telephone: (407) 448-5540 C--,
Business Mame: Harmon's McCall Event Management, LLZ

(1) Filing Fee \$ 100,00

(1) Designation of R.A. 25.00

(1) Certified Copy 30.00

(1) Certificate of Status 50 \$160.0D

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Harmon & McCall Event Management, LLC
AXTICLE II - Audress:
The mailing address and street address of the principal office of the Limited Liability Company is: P.O. BOX 181996
Cas Sciberry, Florida 32778 - 1996 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Tatyana R. McCall
Name
Tatyana R. McCall Name 103 Camphorwood Cf Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Winter Springs, FL 30708 City, State, and Zip
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 Article IV - Management (Check box if applicable)
The Limited Liability Company is to be managed by one manager or more managers and is
therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
Jehn 1. D
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.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)