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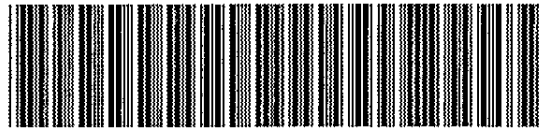
(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02 OCT 22 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/22/02--01141--002 \*\*125.00

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02 OCT 22 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 16, 2002

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

LLC Filings Office:

I enclose an original and one copy of the proposed Articles of Organization of Business Experiential Theatre, a proposed domestic limited liability company. Please file the Articles of Organization and return a file-stamped copy of the original Articles or other receipt, acknowledgment or proof of filing to me at the address below.

A check/money order in the amount of \$125, made payable to your office, for total filing and processing fees is enclosed.

Sincerely,



Susan Bea Robinson, Registered Agent and Member

1400 Vermont Avenue  
Tarpon Springs, Florida 34689  
phone # (727) 943-8352

Enclosures: Articles of Organization; check/money order

**Articles of Organization  
of**

**Business Experiential Theatre, LLC**

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The undersigned natural persons, of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt the following Articles of Organization for such Limited Liability Company.

**Article I. Name:**

The name of the Limited Liability Company is Business Experiential Theatre, LLC

**Article II. Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

1400 Vermont Avenue

Tarpon Springs, Florida 34689

**Article III. Registered Agent, Registered Office, and Registered Agent's Signature:**

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

Susan Bea Robinson

1400 Vermont Avenue

Tarpon Springs, Florida 34689

*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. Statement of Purpose:**

The purposes for which this Limited Liability Company is organized are to provide consulting

and training services and to conduct event planning, and to engage in any other lawful business for which limited liability companies may be organized in this state.

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TALLAHASSEE, FLORIDA

**Article V. Management and Names and Addresses of Initial Members:**

The management of this Limited Liability Company is reserved to the Members. The names and addresses of its initial members are:

Charles Clement Robinson 1400 Vermont Avenue Tarpon Springs, Florida 34689

Susan Bea Robinson 1400 Vermont Avenue Tarpon Springs, Florida 34689

Jennifer A. Sloane 2459 Columbia Drive # 37 Clearwater, Florida 33763

**Article VI. Principal Place of Business:**

The principal place of business of the limited liability company shall be:

1400 Vermont Avenue

Tarpon Springs, Florida 34689

**Article VII. Duration of the Limited Liability Company:**

The period of duration of the limited liability company shall be perpetual.

*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.*

Date: 10/16/02

Signatures:

Charles Clement Robinson Member  
Charles Clement Robinson

Jennifer A. Sloane Member  
Jennifer A. Sloane

Susan Bea Robinson Member  
Susan Bea Robinson