# W2000001407

	Ms. Amanda I 5379 Baywa Tampa, FL	Peloquin tter Dr. 33615		
(Address)				
(Cit	y/State/Zip/Phon	e#)	-	
☐ PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)	-	
			_	
(Do	cument Number)		-	
Certified Copies	Certificates	of Status		
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1/13 F	TLLC	٠		

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Timeless Events, LLC

# **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: PO Box 260665, Tampa, FL 33685-0665

8817 Chesterton Place, Tampa, FL 33635 (principal street address)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Amanda Peloquin

, -	Na	me	<del></del>
	5379 Baywater Drive		
	Florida street address	P.O. Box NOT accer	ntable)
_	Tampa, FL 33615	FL	
_	City, St	ate, and Zip	<del></del>
liability company at registered agent and statutes relating to t accept the obligation	the place designated in this of agree to act in this capacity, he proper and complete performs of my position as registered.  Registered A	ertificate, I hereby I further agree to ormance of my duti d agent as provide  Lightar ugent's Signature	o comply with the provisions of all es, and I am familiar with and d for in Chapter 608, F.S.
(Ai	additional article must be a	el	
accept the obligation	ns of my position as registered A	d agent as provided  Line 1111  gent's Signature  dded if an effectiv	e date is requested)

Linnea L. Hill

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

## 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)