

L030000 26086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

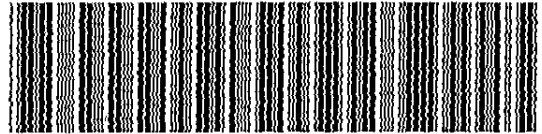
Special Instructions to Filing Officer:

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W03-18651



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Connie Gould

P O Box 48943

Sarasota, Florida 34230-5943

Tel: (941) 350-2966

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SECRETARY OF
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSOCIATION FOR ARTISTS AND ENTERTAINERS, INC 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:

CONNIE GOULD
(Name of Person)

CONNIEAH, INC
(Firm/Company)

P O Box 48943
(Address)

SARASOTA, FL. 34230-5943
(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE GOULD at (941) 330-0222
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 30, 2003

CONNIE GOULD
PO BOX 48943
SARASOTA, FL 34230-5943

SUBJECT: ASSOCIATION FOR ARTISTS AND ENTERTAINERS, INC LLC
Ref. Number: W03000018651

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for ASSOCIATION FOR ARTISTS AND ENTERTAINERS, INC LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 703A00039333

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASSOCIATION FOR ARTISTS AND ENTERTAINERS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2227 IXORA AVE
SARASOTA, FL 34234

P O BOX 48943
SARASOTA, FL 34230-594

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

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

CONNEXAH, INC.
Name
2227 IXORA AVE
Florida street address (P.O. Box NOT acceptable)
SARASOTA FL 34234
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CONNIE GOULD

P O BOX 48943

SARASOTA, FL 34230-5943

MGRM

RICHARD M. REYNOLDS

2541 SHAMROCK DR.

VENICE, FL 34293

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

CONNIE GOULD

Typed or printed name of signee

Filing Fees:

\$125.00 { \$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)

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TALLAHASSEE, FLORIDA

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