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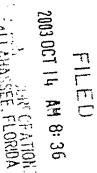
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: VOU're Invited Events (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:
Natalia Errer (Name of Person)
(Firm/Company)
1504 Bay Row Apt. 2209
Migmi Beach FL 33139 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (305) 282-7073 (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
you're Invited Events LL	C
ARTICLE II - Address:	
The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
#1504 Bay Road Apt 2309 Moims Beach FL 35139	#1504 Bay Road Apt 23/ Miami Seach FL 33139
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:
The name and the Florida street address of the registered	d agent are:
Natula Terper	
Name	SS Z
#1504 Bay Road Florida street address (P.O. Box No.	Apt. 2209
Mam Beach FL. 3	1313G
City, State, and Zip	
Having been named as registered agent and to accept seliability company at the place designated in this certifica registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performance accept the obligations of my position as registered agent	te, I hereby accept the appointment as her agree to comply with the provisions of all to of my duties, and I am familiar with and

(CONTINUED)

The name and address of each Manager of	or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MORM	KRISKN SciWell 100 West Avenue AVI. 1106 Mamy Back FL 33125
MORM	Raquel Alvero #3659 Softh Le Jeune Rd Coconot Grove FL 35144
	added if an effective date is requested.
(Use attachment if necessary) NOTE: An additional article must be:	added if an effective date is requested
REQUIRED SIGNATURE: Signature of a member of this document constitute that the facts stated herein	ar an authorized representative of a member. on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury

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

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)