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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

Iwelup ō, SUBJECT: went (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:

buner David THUS THUS 2017 UNIT IN 53 vame of Person) (Firm/Company) Address) 1 ... 2 amarac (City/State and Zip Code)

For further information concerning this matter, please call:

at (<u>954</u>) <u>260.3888</u> (Area Code & Daytime Telephone Number) lina (Name of Person)

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 18, 2003

DAVID DONNER 5713 NW 48 TERRACE TAMARAC, FL 33319

SUBJECT: TWENTY TO TWELVE (20:2:12) Ref. Number: W03000026673



We have received your document for TWENTY TO TWELVE (20:2:12) and your check(s) totaling \$160.00. 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 end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 003A00051696

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is: Twenty to Twelve (20:2:12) L.L.C.

#### **ARTICLE II - Address:**

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

**Principal Office Address:** 

Mailing Address:

5713 NW 48 TER	573 NW 48TER
Tamarac FL	Tomarac FL
33319	33319

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

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



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 agen as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)



#### ARTICLE IV- Manager(s) or Magaging Member(s):

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

<b><u>Title:</u></b> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
VP of Stistedics MGR and operations	Ning Segura - 4092 Sierra Terr Sunrase FL
(VP. F. Finance) MGR	David Donner - 5713 N/W 49th Ter Tomorose Fe
(VP. F. Morketing) MGR	<u></u>
(VP of Events) MGR	Brian Baudrit - 5298 Story St. WPB FL 33417

(Use attachment if necessary)

¥.,

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

**REQUIRED SIGNATURE:** 

FILED #11:53 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.)

avia 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)

Page 2 of 2