

LO3000054782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

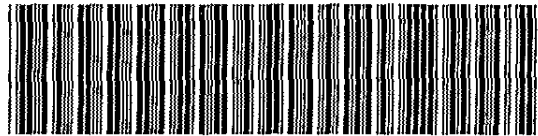
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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LO3-54782  
Q

**AUTO EVENTS GROUP, LLC  
6400 CONGRESS AVENUE  
SUITE 2800  
BOCA RATON, FLORIDA 33487  
(561) 988-0880**

December 8, 2003

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

Gentlemen:

Enclosed please find Auto Events Group, LLC's "Articles of Organization for Florida Limited Liability Company."

Should you have any questions you may contact me at the above number.

Sincerely yours,



Kamala R. Chapman  
Manager

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Auto Events Group, 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:

Kamala R. Chapman  
(Name of Person)

Auto Events Group, LLC  
(Firm/Company)

6400 Congress Ave Suite 2800  
(Address)

Boca Raton, FL 33487  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kamala R. Chapman at (561) 988-0880  
(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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Auto Events Group, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

6400 Congress Avenue  
Suite 2800  
Boca Raton, FL 33487

**Mailing Address:**

6400 Congress Avenue  
Suite 2800  
Boca Raton, FL 33487

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

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


Kamala R. Chapman  
Name  
6400 Congress Ave Suite 2800  
Florida street address (P.O. Box NOT acceptable)  
Boca Raton FLORIDA 33487  
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, Florida Statutes..*

  
Registered Agent's Signature

**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

Edgar Oth

8558 Horseshoe Lane

Boca Raton, FL 33496

MGR

Kamala R. Chapman

7327 Tillman Drive

Lake Worth, FL 33467

MGR

Justin Bell

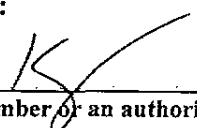
102 Northwest 7th St.

Delray Beach, FL 33444

(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.)

Kamala R. Chapman

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)

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TALLAHASSEE, FLORIDA

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