

LO40000006799

(Requestor's Name)

THOMAS T. STOREY, CPA  
240 NE 25th Ave.  
Pompano Beach, FL 33062

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

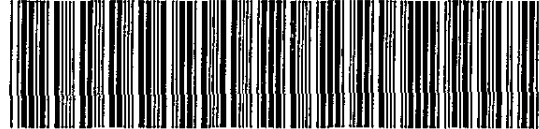
(Business Entity Name)

(Document Number)

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12/29/03--01022--011 \*\*100.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO4-6799  
JL



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 6, 2004

THOMAS STOREY  
240 NE 25TH AVENUE  
POMPANO BEACH, FL 33062

SUBJECT: EXHIBITION REPRESENTATIVES INT'L LLC  
Ref. Number: W04000000498

We have received your document for EXHIBITION REPRESENTATIVES INT'L LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 304A00000623

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EXHIBITION Representatives Int'l 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:

DENISE J. BONGRAND  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1329 NW 3<sup>rd</sup> Ave  
(Address)

Delray Beach FL 33444  
(City/State and Zip Code)

For further information concerning this matter, please call:

DENISE J BONGRAND at ( 561 ) 278 - 3051  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

EXHIBITION REPRESENTATIVES Int'l LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1329 NW 3rd Ave  
Delray Beach FL 33444

**Mailing Address:**

1329 NW 3rd Ave  
Delray Beach FL 33444

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

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

DANISE J BONGRAND  
Name  
1329 NW 3rd Ave  
Florida street address (P.O. Box NOT acceptable)  
Delray Beach FLORIDA 33444  
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:**

MGRM

DENISE J. Bongrand  
1329 NW 3rd Ave  
Dale City Beach FL 33444

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(Use attachment if necessary)

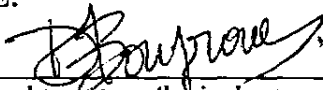
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**NOTE:** An additional article must be added if an effective date is requested.

**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.)

DENISE J. Bongrand

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)