

# Florida Department of State

Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H04000024171 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number ; (850) 205-0383

From:

Account Name : CLARION VENTURES, INC.

Account Number : I20030000026
Phone : (801)721-4788
Fax Number : (601)475-6420

LIMITED LIABILITY COMPANY

Rendezvous Entertainment LLC

(	······································
Certificate of Status	0
Certified Copy	Û
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Manu.

Corporate Filing

Public Access Help.

2404

04 FEB -3 PH 4: 15 OF FEE -3 FR 1: 1

马台

### H04000024171 3

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Rendezvous Entertainment LLC

### ARTICLE II - Address:

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

712 Belle Chase Circle

Tampa, FL 33634

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

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

Christopher Pomplun	
	Name
712 Belle Chase Circ	ile
Florida street addr	ress (P.O. Box NOT acceptable)
Tampa,	FL 33634
Cit	y, State, and Zip

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

(An additional article must be added if an effective date is requested)

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.)

Chris Pomplun

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)

H04000024171 3

SECRE ARY LINE