

W4 000036031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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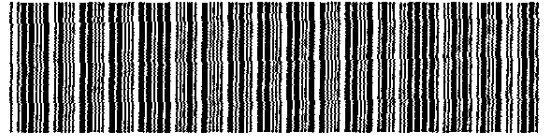
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 10 2004
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empire Events Branding 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:

Justin Levine

(Name of Person)

Empire Strategic Group Inc.

(Firm/Company)

1354 Washington Avenue #222

(Address)

Miami Beach, Florida 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Squire, Esq.

(Name of Person)

at (305) 662-4800

(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

FILED
TALLAHASSEE, FLORIDA

1:23

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Empire Events Branding LLC

ARTICLE II - Address:

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

Principal Office Address:

1354 Washington Avenue #222

Miami Beach, Florida 33139

Mailing Address:

1354 Washington Avenue #222

Miami Beach, FL 33139

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

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

Robert Squire, Esq.

Name

4800 Le Jeune Rd

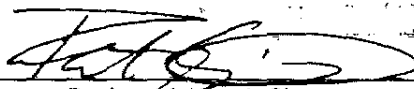
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables, FL 33146

FLORIDA

City, 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, 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

Justin Levine

14500 Ocean Bluff Drive

Ft. Myers, FL 33908

MGRM

Perry Sasson

6767 Collins Avenue #1509

Miami Beach, FL 33141

MGRM

Michael Robbins

6767 Collins Avenue #1509

Miami Beach, FL 33141

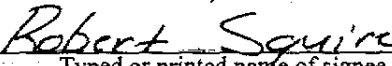
(Use attachment if necessary)

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.)


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)