

LO4 0000 63293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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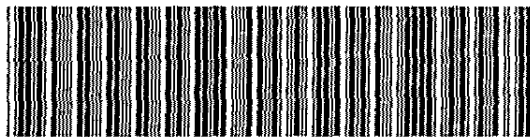
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G.E.M. CREATIONS Wedding and Special Events Planning, 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:

MYRNA SANTOS ROSADO
(Name of Person)

(Firm/Company)

341 S W 67 Ave
(Address)

Lambroka Pines, FL 33023
(City/State and Zip Code)

For further information concerning this matter, please call:

MYRNA SANTOS ROSADO at 954, 549-0462
(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:

G.E.M. Creations Wedding and Special Events Planning, LLC

ARTICLE II – Address:

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

341 SW 67th Ave, Pembroke Pines, FL 33023

341 SW 67th Ave, Pembroke Pines, FL 33023

Principal Office Address:

341 SW 67th Ave, Pembroke Pines, FL 33023

Mailing Address:

341 SW 67th Ave, Pembroke Pines, FL 33023

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature

The name and Florida street address of the Registered Agent are:

Myrna Santos Rosado

Name

341 SW 67th Ave

Florida Street Address

Pembroke Pines, FL 33023

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability corporation 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.

Myrna Santos Rosado

Registered Agent's Signature

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ARTICLE IV – Manager(s) or Managing Member(s):

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

Title:

Name and Address:

Myrna Santos Rosado - Manager

341 SW 67th Ave, Pembroke Pines, FL 33023

Richard Rios - Manager

25423 SW 127 PL, Princeton, FL 33032

Gloria Santos Rosado - Manager

7900 NW 3rd St., Pembroke Pines, FL 33024

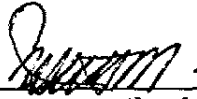
Elizabeth Santos Rosado - Manager

Calle 17 Numero 283, URB Monte Carlo, RP, PR 00929

ARTICLE V: - Effective Date:

The Effective Date of this filing shall be as of the date this document is filed with the Florida Secretary of State.

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.)

Myrna Santos Rosado

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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