204000084147

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500042701415

11/15/04--01045--011 **125.00





November 12, 2004

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

Attached is the registration form and check for a single-member LLC for Pinnacle Meetings & Events. Please contact me with any questions at 656-7777.

Thank you,

Sandy M. Stévens

Owner



TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT:	nnacle Meet	ings + Events (Liability Company)	,uc
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	ON PLANT
Please return all corresp	ondence concerning this matter	r to the following:	EG.
***************************************	Sandy	M. Stevens Vame of Person)	SEE FLORI
Pinr	vacle Meeting	rs + Events, im/Company)	uc
	3462 Sa	eltash Lane (Address)	
		7L 32317 State and Zip Code)	
For further information of	concerning this matter, please	call:	
Sandy A	1. Stevens of Person)	at (<u>850</u>) <u>656 - 7</u> (Area Code & Daytime Te	2777 elephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	Cartificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	MAILING A Registration S	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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

RTICLES OF ORGANIZATION FOR FLOI	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ECO P
Pinnacle Meetings + En	ents, uc
ARTICLE II - Address: The mailing address and street address of the princ	sipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3462 Saltash Lane Taliahassee, 71 32317	
ARTICLE III - Registered Agent, Registered O	ffice, & Registered Agent's Signature:
The name and the Florida street address of the regi	istered agent are:
Sandy M. Name	Stevens
3462 Saltas Florida street addres	s (P.O. Box <u>NOT</u> acceptable)
Tallahassee F	1 323/7
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfo accept the obligations of my position as register	certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and
Saudy MS Registered Agent's Si	Levens

(CONTINUED)

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:
MCR	Sandy M. Stevens 3462 Saitash Lane Tailahassee 76 38377
(Use attachment if necessary)	added if an effective date is requested. SEE, FLORALI.
NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	PH 2:
- Sandy	TO LUCE W
(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
Sandy	M. Stevens

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)