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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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TRANSMITTAL LETTER

TO:	Registration Sec Division of Corp			· ·	-
SUBJ	ECT:	My First Tra	deShow, LLC		
50.50			Liability Company)		
The en	closed Articles of	Organization and fee(s) are su	abmitted for filing.		
Please	return all correspo	ndence concerning this matter	r to the following:		
			a Rodriguez	<u>-</u>	
		()	Name of Person)		
		(1	Firm/Company)		
		4141 Na	utilus Drive, # 5E		
	A 111		(Address)	· · · · · · · · · · · · · · · · · · ·	
			each, FL 33140	<u></u>	
		(City/	State and Zip Code)		
For fu	rther information c	oncerning this matter, please	call:		
Linda	Rodriguez		at (786) 866-7873	L. T. 0	
	(Name o	of Person)	(Area Code & Daytime To	elephone Number)	
Enclo	sed is a check for	the following amount:		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7 <u></u>
3 \$12	5.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☑ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee. Certificate of Status &	
			(additional copy is enclosed)	Certified Copy (additional copy is zarclosed)	? 5
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street			MAILING A		
		Registration S Division of C			
		P.O. Box 632			

Tallahassee, Florida 32314

Tallahassec, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY						
ARTICLE I - Name: The name of the Limited Liability Company is:						
My First TradeShow, LLC						
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
4141 Nautilis Drive, #5E	Same					
Miami Beach, FL 33140						
	The state of the s					
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:					
The name and the Florida street address of the re	egistered agent are:					
Douglas L. O'Keefe, Esq.						
Name						
1624 Tigertail Avenue						
Florida street add	ress (P.O. Box NOT acceptable)					
Miami, FL 33133	FL					
City, State, a	nd Zip					
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Registered Agent's	caccept service of process for the above stated limited this certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S					
(CONTIN	UED) Str O					

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

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

<u> Fitle:</u>	Name and Address:
'MGR" = Manager	
'MGRM" = Managing Member	
MGR	Linda Rodriguez
	4141 Nautilus Drive, #5E
	Miami Beach, FL 33140
	•
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a mer	a Polyloula mber or an authorized representative of a member.
(In accordance with	n section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penaltics of perjury
	ed herein are true.)
Linda Rodriguez	
	Typed or printed name of signee

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)