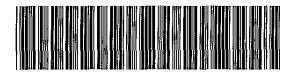
105000042933

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Otty-Outer-Elph Horio #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasinose Zina) reality
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
4/27 FLIC
1
:

Office Use Only



900050873349

all.

04/27/05--01033--018 **125.00

05 A=2 27 F1 5: 6.1

Attn: Florida Department of State

From: Merrett David Sellers

Address: 1508 Bay Road #521

Miami Beach FL 33139

Phone: (305) 951-2422

FOR: Evenings Out LLC

(Stape) >

? e (Stape)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA LIVITED LIABILITI COMPANI	
ARTICLE I - Name: The name of the Limited Liability Company is:	,
Evenings Out LL	<u>C</u>
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1508 Bay Road #521	1508 Bay Road #52
Miami Beach FL 33139	
·	
Merrett David Name 1508 Bay Road Florida street address (P.O. Box)	/ #521_ NOT acceptable)
Miami Beach E. City, State, and Zip	LORIDA 33139
ing been named as registered agent and to accept service of pany at the place designated in this certificate, I hereby acc to act in this capacity. I further agree to comply with the p complete performance of my duties, and I am familiar with registered agent as provided for in Chaptel	cept the appointment as registered agent and provisions of all statutes relating to the proper and accept the obligations of my position as
	5 08

Page 1 of 2 (CONTINUED)

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:	Name and Address:
"MGR" = Manager	
"MGRM" — Managing Member	
MGRM	Merrett David Sellers
	1508 Bay Road #521
	Miami Beach FL 33134
ŧ	
	W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
(Use attachment if necessary)	
NYCHONOL A B. B. C. C	. 13. 3.0
NOTE: An additional article must be	added it an effective date is requested.
REQUIRED SIGNATURE:	
	4
1/4	>
Signature of a member or an au	thorized representative of a member.
(In accordance with costin 609	109/2) Florida Statutas the assession
of this document constitutes an a	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury
that the facts stated herein are tru	e.)
Marrott Day	uid Sellecs
Typed or prin	nted name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)