L0500045285

(Requestor's Name)			
(Address)			
(Maioss)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
·			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<u> </u>			

Office Use Only



100059723501

09/19/05--01040--018 **160.00

JOI 1 05

SECRETARY OF STATE SIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A Graceful Event, LLC		
(Name of Limit	ted Liability Company)	. ,,
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Vesta Unsilme Marks, Jr.	(Name of Person)	
A Graceful Event, LLC	(Firm/Company)	<u>and the state of </u>
312 Winding Cove Aven		us de de de
	(Address)	_
Apopka, FL 32703		n in in the state of the state
(Cie	ty/State and Zip Code)	_
For further information concerning this matter, please	e call:	
Vesta Unsilme Marks, Jr. (Name of Person)	at (407) 448-1681 (Area Code & Daytime Telephone Number)	, / 25 € 4/
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{ \$130.00 Filing Fee & Certificate of Status}\$	Certified Copy (additional copy is enclosed) \$\sumset \text{\$\sumset\$} \t	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	_

FFFEGIIVE DATE

The name of the Limited Liability Company is:

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A Graceful Event, LLC (Must end with the words "Limited Liability Com	pany, "Limited Company" or their abbreviation "LLC," or "L.	<u></u>
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited Liability	/ Company is:
Principal Office Address:	Mailing Address:	. Company is.
312 Winding Cove Avenue	312 Winding Cove Avenue	is the second of
Apopka, FL 32703	Apopka, FL 32703	The state of the s
	ss of the registered agent are:	
vosta onsimo n	Name	<u> </u>
	ove Avenue fa street address (P.O. Box NOT acceptable)	OF STATE REPORATIONS
Apopka,	FL 32703	= ****
(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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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 Stephanie Anne Marks 312 Winding Cove Avenue Apopka, FL 32703 MGRM Vesta Unsilme Marks, Jr. 312 Winding Cove Avenue Apopka, FL 32703 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: October 1, 2005 _.(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Vesta Unsilme Marks, Jr.

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee