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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Sam*

**RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.**

1595 SE Port St. Lucie Boulevard  
Port St. Lucie, Florida 34952  
(772) 335-5455  
(772) 337-3485 fax

June 12, 2006

State of Florida  
Department of State  
**Division of Corporations**  
409 E. Gaines Street  
Tallahassee, Florida 32399

**RE: Extreme Function Hall and Conference Center, LLC  
Majesty, LLC**

Dear Sir or Madam:

Enclosed herewith are an original and one copy of the Articles of Organization and acceptance by Registered Agent for each new limited liability company. Please file the originals in your offices and certify and return to us a certified copy of each company.

I am enclosing a check in the amount of \$250.00, which covers the filing fees, certified copy fees and the registered agent designation fees. Thank you for your cooperation in this matter.

Sincerely,



Tiffany N. Gonsalves, CLA  
Certified Paralegal

Enc.

**ARTICLES OF ORGANIZATION**  
**OF**  
**EXTREME FUNCTION HALL AND CONFERENCE CENTER, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608.407, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

**ARTICLE I - NAME**

The name of this limited liability company is Extreme Function Hall and Conference Center, LLC.

**ARTICLE II - DURATION**

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

**ARTICLE III - ADDRESS**

The permanent address of the principal office of the Company shall be 962 S.E. Breakwater Avenue, Port St. Lucie, FL 34983.

**ARTICLE IV - MANAGEMENT**

Management of the Company shall be reserved to the Members. The Managing Member shall be Henry J. Etienne. The Member(s) of the Company are as follows:

Henry J. Etienne  
962 SE Breakwater Avenue  
Port St. Lucie, FL 34983

Claude Etienne  
962 SE Breakwater Avenue  
Port St. Lucie, FL 34983

Patrick E. Joseph  
24 Impass Boule De Gomme  
Freres, Petionville  
Haiti, WI

Gerard Laborde  
c/o Comcel  
Impass Aubry, Canape-Vert  
Port-au-Prince, Haiti WI

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**ARTICLE V - ADDITIONAL MEMBERS**

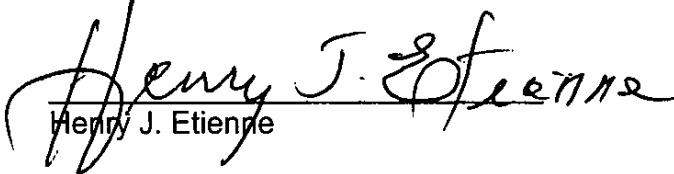
Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

**ARTICLE VI - SURVIVORSHIP**

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

**ARTICLE VI - REGISTERED AGENT**

The street address of the initial registered agent of the Company is Rickey L. Farrell,  
1595 SE Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

  
Henry J. Etienne

**STATE OF FLORIDA  
COUNTY OF ST. LUCIE**

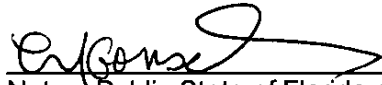
**BEFORE ME**, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Henry J. Etienne, who has produced FL Drivers License as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

**IN WITNESS WHEREOF**, I have set my hand and seal in the State and County above, this 12 day of June, 2006.

(S E A L)



Tiffany N. Gonsalves  
MY COMMISSION # DD261185 EXPIRES  
November 7, 2007  
BONDED THRU TROY FAIR INSURANCE, INC.

  
Notary Public State of Florida at Large  
Printed Signature: Tiffany N. Gonsalves  
My Commission No:  
My Commission Expires:

**ACCEPTANCE BY REGISTERED AGENT**

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.

  
\_\_\_\_\_  
RICKEY L. FARRELL  
Registered Agent

**STATE OF FLORIDA  
COUNTY OF ST. LUCIE**

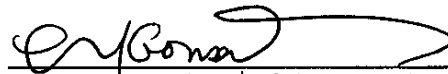
**BEFORE ME**, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced n/a n/a as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

**IN WITNESS WHEREOF**, I have set my hand and seal in the State and County above, this 12 day of June, 2006.

(S E A L)



Tiffany N. Gonsalves  
MY COMMISSION # DD261185 EXPIRES  
November 7, 2007  
BONDED THRU TROY FARM INSURANCE, INC.

  
\_\_\_\_\_  
Notary Public State of Florida at Large  
Printed Signature: Tiffany N. Gonsalves  
My Commission No:  
My Commission Expires: