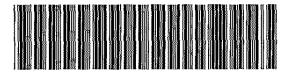
L06000090371

(Requestor's Name)	
(Address)	
•	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Business Entity Name)	
(Danish Musha)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	,
	/
1 / \ /	Ì
$I \subseteq V$	
'	
	·
Office Use Only	



400079564994

09/15/06--01001--023 **155.00

effective pare

6 SEP 14 PH 3:56

TO ACKNOTH EDGE SUFFICIENCY OF FILING 2006 SEP 14 PM 3: 52

COVER LETTER

TO:	Registration Sec Division of Cor			
OUD II	ст. Extrava	aganzas & Events,	LLC	~.n @
SUDJE	ECI: <u>—</u>	(Name of Limited	Liability Company)	SE T
				CEECHTON OF THE PARTY OF THE PA
The en	closed Articles of	Organization and fee(s) are su	bmitted for filing.	errenny mass
Please	return all correspo	ondence concerning this matter	r to the following:	41/14/2 3
	Tawana M	I. Anderson		SIA STA
		(1	Name of Person)	Or D
	Extravaga	nzas & Events, Ll	_C	·
		()	Firm/Company)	
	1601 Her	nando Drive		
			(Address)	
	Tallahass	see, FL 32304		
			State and Zip Code)	
For fu	ther information	concerning this matter, please	call:	
Jeffr	ey L. Shaw	<i>l</i>	at (904) 509-50	13
		of Person)	(Area Code & Daytime T	elephone Number)
Enclo	sed is a check fo	or the following amount:		
□ \$12:	5.00 Filing Fee	\$130.00 Filing Fee & Certificate 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)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

	ITION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liab	ility Company is:
	-117166 02 2 N
Extravaganzas & Events, L	LC
(Must end with the words "Limited Liab	oility Company, "Limited Company" or their abbreviation "LLC," or "L.C."
ATOTYCY TO YE A J.J	OR CONTRACTOR OF THE CONTRACTO
ARTICLE II - Address: The mailing address and street	t address of the principal office of the Limited Liability Company is:
The maning address and street	address of the principal office of the Elimited Elability Company is.
Principal Office Address:	Mailing Address:
1601 Hemando Drive	1601 Hemando Drive
Tallahassee, FL 32304	Tallahassee, FL 32304
business entity with an active Florida r The name and the Florida street	
The name and the Florida stree	egistration.) et address of the registered agent are: A. Anderson
The name and the Florida stree	egistration.) et address of the registered agent are:
The name and the Florida stree	egistration.) et address of the registered agent are: M. Anderson Name
The name and the Florida stree	egistration.) et address of the registered agent are: M. Anderson
The name and the Florida stree Tawana M	et address of the registered agent are: M. Anderson Name Thando Drive Florida street address (P.O. Box NOT acceptable)
The name and the Florida stree	et address of the registered agent are: M. Anderson Name Thando Drive Florida street address (P.O. Box NOT acceptable)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Tawana M. Anderson
WORW	1601 Hernando Drive
	Tallahassee, FL 32304
MGMR	Jeffrey L. Shaw
	1049 Sutor Road
	Tallahassee, FL 32311

	,
(Use attachment if necessary)	
	the date of filing: 09/07/06 . (OPTIONAL) the specific and cannot be more than five business days
REQUIRED SIGNATURE:	
	u(PC)
Signature of a men	nber or an authorized representative of a member.
In accordance with	section 608.408(3), Florida Statutes, the execution
of this document co	ed herein are true.)

Filing Fees:

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

Tawana M. Anderson

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

Typed or printed name of signee