## L06000121968

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
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OG DEC 26 PM 2: 53 Secretary of State



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2006

LYNDA RUBIS 1251 NE 108TH STREET MIAMI, FL 33161

SUBJECT: PG EVENTS LTD. CO Ref. Number: W06000052482

We have received your document for PG EVENTS LTD. CO and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 706A00069592

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| PG Events Ltd.Co.  |  |
|--|--|
| (Must end with the words "Limited Liability Company, "Limited            | Company" or their abbreviation "LLC," or "L.C.,")            |
| ARTICLE II - Address: The mailing address and street address of the prin | cipal office of the Limited Liability Company is:            |
| The maning address and parent address of me print                        |  |
| Principal Office Address:  | Mailing Address:   |
| 261 Ne. 73rd St<br>Miami Fi  | 261 Ne 73rd St<br>Miami Fl                                   |
| 33161  | 33161  |
| Mia  | ristered agent are:  S  S  S  S  S  S  S  S  S  S  S  S  S   |
| Having been named as registered agent and to ac                          | •  |
| liability company at the place designated in this                        | $s$ certificate, $\emph{I}$ 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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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-

Filing Fees:

1 1 1 1

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

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjure