

L0700097652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800087097378

02/16/07--01002--003 **76.75

02/12/07--01040--003 **78.75

FILED RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 FEB 12 P 3:53
2007 FEB 12 PM 2:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
BRIAN J. KIRK
ACKNOWLEDGE
FILING AGENCY

WOT-7460
2/13/07

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Shmooze Events, LLC

Signature _____

Requested by: SP

Name _____

Date 2/12/07

Time 1:18

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2007

CAPITAL CONNECTION, INC.

SUBJECT: SHMOOZE EVENTS, LLC.
Ref. Number: W07000007460

We have received your document for SHMOOZE EVENTS, LLC, and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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) 245-6955.

Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 207A00010875

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FEB 13 2007
P 53
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2007

CAPITAL CONNECTION, INC.

SUBJECT: SHMOOZE EVENTS, LLC.
Ref. Number: W07000007460

This is an LLC ☺

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 207A00010875

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

RECEIVED
07 FEB 14 PM 1:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shmooze Events LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

18339 NE 19th Ave
North Miami Beach
FL 33179

Mailing Address:

18339 NE 19th Ave
North Miami Beach
FL 33179

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Craig Berko
Name

18339 NE 19th Ave
Florida street address (P.O. Box **NOT** acceptable)
North Miami Beach FL 33179
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MORM" = Managing Member

Name and Address:

MGR

Craig Berko
18339 NE 19th Ave
North Miami Beach, FL 33179

MORM

Danny Feder
18339 NE 19th Ave
North Miami Beach, FL 33179

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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 that the facts stated herein are true.)

CRAIG BERKO

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 FEB 12 P 3:53

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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)