

# L07000017652

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## CAPITAL CONNECTION, INC.

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

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Shmooze 6	Events, LLC		<b>-</b>
			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
Signatura			Corp Record Search Officer Search Fictitious Search Fictitious Owner Search
Requested by:  Name	<u> </u>	1:18 Time	Vehicle Search
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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 alled 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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TILED MI FEB 12 P 3: 53 SECRETARY OF STATE A

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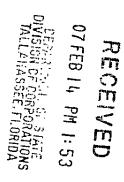
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Suzanne Hawkes Document Specialist New Filing Section

Letter Number: 207A00010875

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FIE DATE.



### 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 Liebility Company is:				
Principal Office Address: Mailing Address:				
18339 NE 19th Ave				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent' Dignature:				
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)  Orth Many Beach FL 33179  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.				

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

ARTICLE IV- Manager(s) or Manager and address of each Manager	aging Member(s): or or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Craig Berko 18339 WE 19th Ave North Man Beach Fl 33179
MGRM	Danny Feder 18339 NE 19th Ave North Miami Beach F1.33179
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	2001 FEB 1 SECRETAR ALLAHASS
Signature of a membe	r or an authorized representative of a member.
of this document const that the facts stated I	etion 608.408(3), Florida Statutes, the execution with the penalties of pellury was common are true.)
	AT G B E R (C D A W

Filing Foos:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)