

L07000023104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

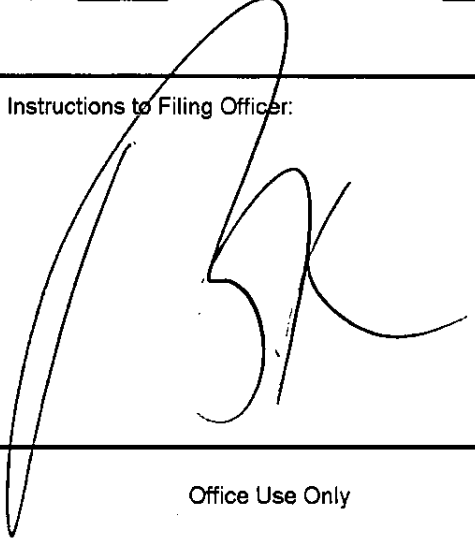
PICK-UP  WAIT  MAIL

(Business Entity Name)

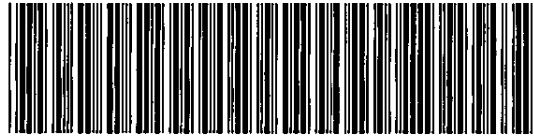
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 MAR - 1 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/01/07--01027--012 \*\*155.00

RECEIVED  
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DIVISION OF CORPORATIONS  
2007 MAR - 1 AM 11:07  
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**LAZARUS  
CORPORATE FILING SERVICE**  
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MIAMI, FL 33165 (305) 552-5973

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. CREATIVE EVENT PLANNING, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in   
  Pick up time 2:00   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

**NEW FILINGS**

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

**AMENDMENTS**

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

**OTHER FILINGS**

- Annual Report  
 Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

**Examiner's Initials**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CREATIVE EVENT PLANNING, LLC

(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 principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

275 NE 18 ST  
SUITE 206  
MIAMI FL 33132

275 NE 18 ST  
SUITE 206  
MIAMI FL 33132

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

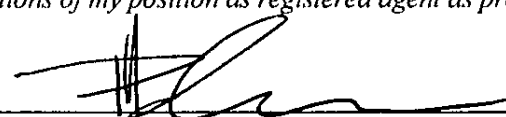
The name and the Florida street address of the registered agent are:

Priscilla Villasenor  
Name

275 NE 18 Street Suite 206  
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33132  
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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

**(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

"MGRM" = Managing Member

**Name and Address:**

MGR

Gloria Restrepo

8243 NW 107 Path, Unit 5

Doral FL 33178

MGR

Silvia J. Cobos

13000 S.W 92ND AVE Apt B-210

Miami, Florida 33176

MGR

Carolina Sanchez

801 brickell key blvd. apt 3309

miami, fl 33131

MGR

Priscilla Villasenor

275 NE 18 Street #206

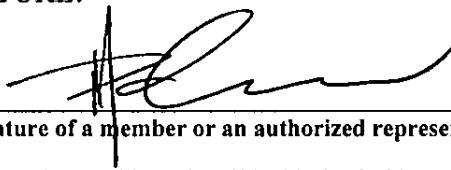
Miami Fl 33132

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

(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.)

Priscilla Villasenor

Typed or printed name of signee

**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)