

LOT000121781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

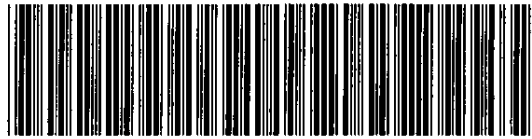
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC -6 PM 3:32

SBM
12/17

Concepts N Wedding Planning

Delores Baker, Owner
295 Abalone Rd.
Venice, FL 34293

December 2, 2007

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Enclosed is the form for filing Articles of Organization. Also enclosed is a check for \$125.00 payable to the Florida Department of State. If you have any questions my address is 295 Abalone Rd., Venice, FL 34293. My daytime telephone number is 941-685-0833.

Thank you,

Sincerely,

A handwritten signature in black ink, appearing to read "Delores Baker", written over a horizontal line.

Delores Baker

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Concepts N Wedding 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:

295 Abalone Rd.

Venice FL 34293

Mailing Address:

295 Abalone Rd.

Venice FL 34293

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:

Delores Baker

Name

295 Abalone Rd.

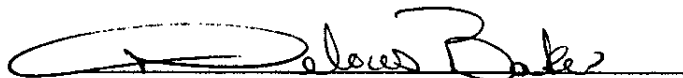
Florida street address (P.O. Box **NOT** acceptable)

Venice

FL 34293

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)

Page 1 of 2

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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

Delores Baker

295 Abalone Rd.

Venice, FL 34293

MGRM

John Patrick Fowler

295 Abalone Rd.

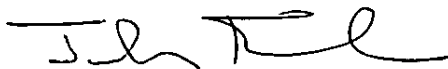
Venice FL 34293

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/2008 (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.)

JOHN FOWLER

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)