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Effective Date 02/27/08

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T. HAMPTON
FEB 2 9 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EXCLUSIVE WEDDINGS AND	EVENTS
(Name of Limited Liability Company)	,
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
AIDA LORENZO	
(Name of Person)	
(Firm/Company)	
1300 LIN COLN ROAD, (Address)	INIT 504
(Address)	
MIAMI BEACH FL 33139 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
AIDA LORW 20 at (305) 803 (Name of Person) (Area Code & Daytime	8476
(Name of Person) (Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times 130.00 Filing Fee \$\ \times Certificate of Status \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive CenterTallahassee, FL 3230	ons er Circle

Effective Date D2/27/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	Т	I	\mathbf{C}	L	E	I	_	ľ	V	am	e	:
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The name of the Limited Liability Company is:

EXCLUSIVE WEDDINGS AND EVENTS (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1300 LENCOLN ROAD # 504	1300 LINCOLN ROAD # 504
MIAMI BEACH FL 33139	MIAMI BEACH FL 33139

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:

AIDA	LORE	W20			
	Name	!			
1300 L	IN LOL N	ROAD	#504		
Florida street address (P.O. Box NOT acceptable)					
MEAMI	BEACH	_ FL	33139		
	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) 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	AIDA LORENZO 1300 LIN COLN ROAD \$504 MIAMI BEACH FL 33:39
(Use attachment if necessary)	21.27.
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	date of filing: 2/27/2008. (OPTIONAL) e specific and cannot be more than five business days prio
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.)

KORENZO

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)