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☐ PICK-UP	WAIT	MAIL
(B	usiness Entity Name	•)
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Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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JACTAR POSSEL LTORION JACTAR POSSEL LTORIONS

SECRETARY OF STATE ALLAHASSEE FI DBIO

T. HAMPTON

JUN 1 1 2008

EXAMINER

COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: Special Events: Design by Tammy, LCC (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:
Tammellia P. Bacon (Name of Person)
Special Events: Design by Tammy, UC
4158 Ridge Haven Rd.
Tallahassee, FL 32305
(City/State and Zip Code)
For further information concerning this matter, please call:
Tammy Bacon at (850) 921-3868/264-7392 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\begin{array}{c} \text{\$\subset\$130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \\ \text{\$\subset\$Certified Copy (additional copy is enclosed)} \\ \text{\$\subset\$Certified Copy (additional copy is enclosed)} \\ \text{\$\subset\$}\]
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Decial Events i Wesign by	Janny, LCC
(Must end with the words "Limited Liai	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
The maning address and sheet address of the	principal office of the Elithica Elability Company is.
Principal Office Address:	Mailing-Address:
1100 2.1 11 D	///50 20 // 11 20 /
4158 Kidge Haven Rd.	7/38 Ridge Haven Rd.
Tallahassee, FC 32305	lallahassee, FL 32505
ARTICLE III - Registered Agent, Registere	ed Office & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Reg	
business entity with an active Florida registration.)	•
The name and the Florida street address of the	registered agent are:
•	R
Jammellia P. T	<u>Vacon</u>
Nam	e
4158 Ridge Have	ddress (P.O. Box <u>NOT</u> acceptable)
Florida street ac	ddress (P.O. Box NOT acceptable)
Tallahassee	20805
City, State,	and Zip
·	
	accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as
	ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and
- • • • • •	gistered agent as provided for in Cha pt er 608, F.S
I	- Po
12	Q EAR
1 ummella P.	Docor ED E TI
/ Registered Agent's Signa	ature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Tammellia P. Bocon 4158 Ridge Haven Rd. Tallahassee, FC 32305
	nn the date of filing: (OPTIONA ust be specific and cannot be more than five business day
anjounter the dute of ming.)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	lia P. Bacon nember or an authorized representative of a member.

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)

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