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**EXAMINER** 



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# **COVER LETTER**

TO: Registration Section . Division of Corporations
SUBJECT: C+T Unlimited Corporate Events and Promotion (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:
Theo Prodromits Renaud (Name of Person)
C+T Unlinited Corporate Events and Promotion (Firm/Company)
3918 W Platt St
Tampa FL 33609 (City/State and Zip Code)
For further information concerning this matter, please call:
Theo Renaud at (813) 810 4268 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
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:	
C+T Unlimited Corporate Eventsand Pr	omot7o
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	4
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Comp.	any is:
Principal Office Address: Mailing Address:	
Theo Renaud 3918 W. Platt St Tampa FL 33609	
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.)	SEI
The name and the Florida street address of the registered agent are:	PRETICES IDM OF COL
Florida street address (P.O. Box NOT acceptable)  Tompa FL 33609  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)

# 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 MGRM Theof Renaud 3910 w Platt St Grupa FL 33609 Colleen H. Lawain 5815 Sch coner way Tampa FL 33615 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: Mach 1209. (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.)

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)