

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000074419  
FILED 8:00 AM  
August 04, 2009  
Sec. Of State  
alunt

**Article I**

The name of the Limited Liability Company is:  
NO REGRETS EVENT PLANNING, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3229 WEST GROVE STREET  
TAMPA, FL. 33614

The mailing address of the Limited Liability Company is:  
P.O. BOX 5286  
TAMPA, FL. 33675

**Article III**

The purpose for which this Limited Liability Company is organized is:  
EVENT PLANNING

**Article IV**

The name and Florida street address of the registered agent is:  
DENISE M VAN SICKLE  
3229 WEST GROVE STREET  
TAMPA, FL. 33614

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.

Registered Agent Signature: DENISE M. VAN SICKLE

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
DENISE M VAN SICKLE  
3229 W. GROVE ST.  
TAMPA, FL. 33614

Title: MGRM  
ISABELLA G CAMPISI  
7204 HARNEY ROAD  
TAMPA, FL. 33617

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### **Article VI**

The effective date for this Limited Liability Company shall be:

08/01/2009

Signature of member or an authorized representative of a member

Signature: DENISE M. VAN SICKLE