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SECRETARY OF STATE DIVISION OF CORPORATION:

COVER LETTER

ŢO:	Registration Section Division of Corporations	·
, .		•
SUBJI		
	Name of Limited Liability Company	
		·
The en	osed Articles of Organization and fee(s) are submitted for filing.	
Diam'		
Please	eturn all correspondence concerning this matter to the following:	, ` <i>`</i>
. • •		•
	Pamela Siegall	
•	Name of Person	
* '		,
	Firm/Company	··-
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	44 40 BB4/ 00th A	•
• •	4140 NW 66th Ave.	<u> </u>
1	Address	
,		
;	Coral Springs, FL 33067	٠,٠
	City/State and Zip Code	•
	Pam Signall@amail.com	
	Pam.Siegall@gmail.com E-mail address: (to be used for future annual report notification)	
For fur	er information concerning this matter, please call:	
		٠.
•	Pamela Siegall at (954) 854-4858	,
	Name of Person Area Code & Daytime Telephone Number	
• • •		
Enclos	d is a check for the following amount:	-
75125	0 Filing Fee \$\sum \\$130.00 Filing Fee & \sum \\$155.00 Filing Fee & \sum \\$160.00 Filing Fee	, •
	Certificate of Status Certified Copy Certificate of Status	
	(additional copy is enclosed) Certified Copy	is oc
	(additional copy is enclosed) (additional copy is enc	losed
,		٠.
	Mailing Address Street/Courier Address Paristration Section	
•	Registration Section Registration Section Division of Corporations Division of Corporations	
	P.O. Box 6327 Clifton Building	•
	Tallahassee, FL 32314 2661 Executive Center Circle	
	Tallaharan Et 20201	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mn)	Our Celebra	ation Live, LLC. d Liability Company," "L.L.C.," or "LLC.")	<u> </u>
RTICLE II - Ad	lress:	the principal office of the Limited Liabi	lity Company
rincipal Office A	ddress:	Mailing Address:	
140 NW 66th Ave)	P.O. Box 67-0331	
aval Cariaca El	00007	O O EL 00007	
RTICLE III - Rethe Limited Liability Cousiness entity with an action	gistered Agent, Registration of the gistration o	Stered Office, & Registered Agent's Sin Registered Agent. You must designate an individua	l or another
he Limited Liability Co usiness entity with an a	gistered Agent, Regis mpany cannot serve as its own tive Florida registration.) lorida street address o	stered Office, & Registered Agent's Sin Registered Agent. You must designate an individual of the registered agent are:	l or another
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RTICLE III - Rethe Limited Liability Cousiness entity with an action	gistered Agent, Regis mpany cannot serve as its own stive Florida registration.) lorida street address o Pan	stered Office, & Registered Agent's Sin Registered Agent. You must designate an individual of the registered agent are:	or another 09 SEP 25

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Pamela Siegall 4140 NW 66th Ave. Coral Springs, FL 33067 (Use attachment if necessary). **ARTICLE V:** Effective date, if other than the date of filing: (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)