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T. CLINE

OCT - 9 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2009

GLORIA OIGBOKIE 24921 VINTAGE COURT LUTZ, FL 33559

SUBJECT: AFRICAN CONNECTION, LLC

Ref. Number: W09000044518

We have received your document for AFRICAN CONNECTION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608:406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is N09000007491.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 709A00032251

COVER LETTER

TO: Registration Division of C	Section Serporations			
SUBJECT:	AFRICAN	EXTRAVAGANZA, LI	LC	
		ted Liability Company	·	
The enclosed Articles	; of Organization and fee(s) are	submitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	GLO	ORIA OIGBOKIE		
		Name of Person		
	BRID	GES GROUP, LLP		
	<i>,</i>	Firm/Company		
	24921	VINTAGE COURT		
		Address		
	L	UTZ, FL 33559		
		ty/State and Zip Code		
	goig E-muil address; (to be used	bokie@gmail.com for future annual report notification)		
For further information	n concerning this matter, pleas	e call:		
Glor	ia Oigbokie	at (<u>813</u>) Area Code & Daytime Tei	900-3013	
Nam	e of Person	Area Code & Daytime Te	lephone Number	u
Enclosed is a check	for the following amount:			
_	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	900-3013 lephonc Number Status & Certified Copy (additional copy is enclosed) 12 12 12 12 12 12 12 1	
	Mailing Address Registration Section	Street/Courier Address Registration Section	ž	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	pany is:
	TRAVAGANZA, LLC
(Must end with the words "Lim	ited Liability Company," "L.I.,C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1409 TAMPA PARK PLAZA	1409 TAMPA PARK PLAZA
TAMPA, FL 33605	TAMPA, FL 33605
The name and the Florida street address	of the registered agent are:
·	Name
	VINTAGE COURT
Florida street addi	ress (P.O. Box NOT acceptable)
LUTZ, 3355 City	FL
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page I 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 N	Member
MGRM :	EVELYN IGBINOSUN
	1409 TAMPA PARK PLAZA
	TAMPA FL 33605
MGRM	TAIWO IGBINOSUN
	1409 TAMPA PARK PLAZA
·	TAMPA, FL 33605
•	
	
•	
(Use attachment if neces	sary)
TEV: Effective data life	other than the data of the control 10/8/2009 (CONTROL
	other than the date of filing: 10/8/2009 (OPTION date must be specific and cannot be more than five business of
days after the date of fil	
· well a minal this muse At III	// / / ·
REQUIRED SIGNATO	// // // // // // // // // // // // //

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.)

GLORIA OIGBOKIE

Typed or printed name of signee

Filing Fecs;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

