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(Re	questor	's Name)		
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PICK-UP		WAIT		MAIL
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Certified:Copies	_0 c	ertificates	of Status	· · · · · · · · · · · · · · · · · · ·
Special Instructions to	Filing O	fficer:		

Office Use Only



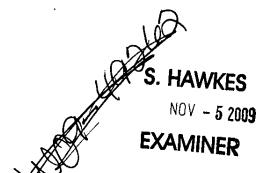
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2009

JORGE HERNANDEZ AND ALEXIS ALBA 5200 SOUTH UNIVERSITY DR 101 DAVIE, FL 33328

SUBJECT: INCREDIBLE EVENTS LLC

Ref. Number: W09000049262

We have received your document for INCREDIBLE EVENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person can serve as Registered Agent, please remove one of the names.,

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) 245-6955.

Letter Number: 109A00034941

Suzanne Hawkes Regulatory Specialist II

COVER LETTER

	f Corporations		
SUBJECT:	Incr	edible Events LLC	
	Name of Limi	ted Liability Company	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Jorge Her	nandez and Alexis Alba	
		Name of Person	
***************************************	Incre	edible Events LLC	
		Firm/Company	
	5200 Sou	th University Dr # 101	
		Address	
		avie, Fl 33328	
	Ci	ty/State and Zip Code	
	E-mail address: (to be used	astudios@aol.com for future annual report notification)	
For further informat	ion concerning this matter, pleas	,	
Jorge Her	rnandez or Alex Alba	_at (305) 9	75_8077
	ime of Person	Area Code & Daytime Telep	
Enclosed is a chec	k for the following amount:		-
\$125.00 Filing Fe	ce \$\sqrt{\sq}}}}}}}}}} \scrt{\sq}}}}}}}}}}} \scrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signt{\sqrt{\sqrt{\sq}}}}}}}} \end{\sqrt{\sqrt{\sq}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sq}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address Registration Section Division of Corporations P.O. Boy 6327	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 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:	
Incredible Eve	nte I I C
(Must end with the words "Limited Liabili	
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
F	
Principal Office Address:	Mailing Address:
5200 South University Dr #101 Davie, Fl. 33328	5200 South University Dr Suite #101 Davie, Fl 33328
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registre business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Jorge Hernandez	
Name	
5200 South Unive	ersity Dr #101
Florida street address (P.O.	
Davie, FI 33328	FI.
City, State, an	
Having been named as registered agent and to	ocent semice of neages for the above stated limited

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)

(CONTINUED)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR-Jorge Hernandez	5200 S. University Dr # 101 Davie, Fl 33328
MGR-Alex Alba	5200 S.Univesity Dr# 101 Davie, FL 33328
·	F STATE A
(Use attachment if necessary)	
TCLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	he date of filing: 10/25/09 (OPTIONAL) be specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	All All.
(In accordance with s	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury herein are true.)
Jor	rge Hernandez , Alex Alba

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)

Typed or printed name of signee