

L09000117450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

DEC 10 2009

EXAMINER

Office Use Only



600162147896

12/09/09--01032--005 **125.00

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

2009 DEC -9 PM 12:37

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wellington Event Staffing, LLC.
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:

JULIE BOULANGER

Name of Person

WELLINGTON EVENT STAFFING

Firm/Company

1641 LAKEFIELD NORTH CT

Address

WELLINGTON FL 33414

City/State and Zip Code

JLB0143@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIE BOULANGER

Name of Person

at (**561**)

722-7713

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$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. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2009 DEC -9 PM 12:37
TALLAHASSEE, FL 32301
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WELLINGTON EVENT STAFFING, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1641 LAKEFIELD NORTH CT
WELLINGTON, FL
33414

Mailing Address:

SAME

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.)

The name and the Florida street address of the registered agent are:

JULIE LYNN BOULANGER

Name

1641 LAKEFIELD NORTH CT.

Florida street address (P.O. Box **NOT** acceptable)

WELLINGTON FL

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)

(CONTINUED)

2009 DEC -9 PM 12:37
RECEIVED
TALLAHASSEE FLORIDA
SECRETARY OF STATE

FILED

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

Name and Address:

MGR

JULIE BOULANGER

1641 LAKEFIELD NORTH CT

WELLINGTON, FL 33414

(Use attachment if necessary)

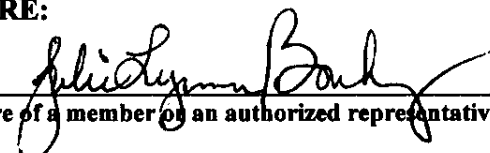
2009 DEC -9 PM 12:37
CLERK OF COURT
ALAN S. SELLER
FLORIDA

FILED

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.)

JULIE BOULANGER

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)