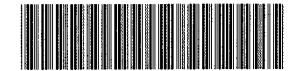
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
		

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Classy Elegant Affairs Eventplanning L.L.C. 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:
Tenele Asha Dennard Name of Person
Classy Elegant Affairs Eventplanning Firm/Company
3732 Rock brook Drive
Tallahasse Florida 32311 City/State and Zip Code C. E. a. eventplanning amail. com E-mail address (to be used for future annual report notification)
C.E. a. eventplanning amail. com E-mail address (to be used for futur) annual report notification)
For further information concerning this matter, please call:
Tenele A. Dennard at (850) 1088.3947 Fine Area Code & Daytime Telephone Number of Fine Fine Fine Fine Fine Fine Fine Fine
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	, , , , , , , , , , , , , , , , , , ,
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3732 Rockbrook Drive Tallahassee, Pl 32311	3732 Rockbrook Drive Tallahanee, Fl. 32311
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the representation of the registration of	gistered agent are: Drive ess (P.O. Box NOT acceptable) FL 32311

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

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	Tenele A. Dennard 3732 Rockbrook Dr Tallahassie, Fl 32 311
(Use attachment if necessary)	
	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a	member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)