

L10000052940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

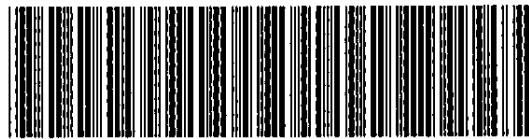
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Original document + \$130
money order rec'd. by this
office on 4/29/10. See
attached copy of money order
+ proof of receipt.*

-let

Office Use Only



000176313590

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 29 PM 2:44

3. ~~Index~~ MAY 18 2010



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Track & Confirm

Search Results

Label/Receipt Number: 7009 2820 0001 7906 9403

Class: First-Class Mail®

Service(s): Certified Mail™

Status: Delivered

Your item was delivered at 12:01 PM on April 29, 2010 in TALLAHASSEE, FL 32314.

Track & Confirm

Enter Label/Receipt Number:

[Go >](#)

Detailed Results:

- Delivered, April 29, 2010, 12:01 pm, TALLAHASSEE, FL 32314
- Arrival at Unit, April 29, 2010, 7:07 am, TALLAHASSEE, FL 32314
- Acceptance, April 27, 2010, 11:00 am, FORT MYERS BEACH, FL 33931

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

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No FEAP Act EEO Data

FOIA



United States Postal Service
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ATTN: CAROLINE LEWIS

For your financial service needs, visit our website at
www.westernunion.com

Instructions: Western Union Financial Services, Inc. Money Order Tracing/Refund Request

- This request is to be completed by the purchaser only. A photo payment is placed on the original Money Order when refund is made to purchaser.
- The original of the Money Order receipt must accompany each request. If the original of the Purchaser's Copy Money Order receipt is not enclosed, your request will be delayed and may be denied.
- Enclose a \$15.00 non-refundable processing fee for each photocopy or refund request.
- A photocopy will not be requested until the \$15.00 is received. **ATTENTION:** At the discretion Western Union Financial Services, Inc., may deduct the fee from your refund if it is not enclosed with your request.
- Please allow 30 days for processing. All requests for refunds and photocopies must be in writing.

For customer service, call 1-800-486-4860.

Purchaser's Name (Print)	Last (Please Print)	SEND REQUEST TO:	MONEY ORDER DATE PURCHASED
CYNTHIA HAMILTON		Western Union Financial Services, Inc. PO Box 7030 Beverlywood, CO 80513-7030	\$1130 04/23/10
Mailing Address (Please Print)		Money Order was Payable To:	Money Order was purchased at
DIVISION OF CORPORATIONS		DEPARTMENT OF	
TALLAHASSEE PO BOX 61231W		Reason for Request:	

To receive Western Union Financial Services, Inc. (WUFSI) to refund to me the face amount of the above Money Order, and in consideration of this payment, I authorize WUFSI to stop payment on this Money Order, and agree to reimburse WUFSI for the refund and to hold WUFSI harmless against any and all expense and/or liability to which it may be subject by reason of this refund to me, by reason of my alleged loss of the Money Order, or by reason of the negotiation of the Money Order.

PURCHASER SIGN HERE (IN INK): X _____ DATE _____ PHONE NUMBER _____

REPORT MAILING, BE SURE THAT THIS FORM HAS BEEN SIGNED IN INK.

U.S. Postal Service
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 44
Certified Fee 280
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$324

APR 27 2010
MYERS BEACH
CONT. STA.
Post Office Here

Sent to: Cont Corp
Street Apt. No. or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2004 See Reverse for Instructions

7004 2820 0001 7905 9403

LOAD THIS DIRECTION, THIS SIDE UP

MONEY ORDER RECEIPT - NON NEGOTIABLE

LOAD THIS DIRECTION, THIS SIDE UP

AGT 304700 LOC 010292 DT 042710 \$130.00 1HUNDRED30DOLLARS AND NO CENTS

Example: If you are mailing this Money Order Receipt, it must be included with all refund requests. Be sure to read important information on the back of the receipt. For the purchaser agent, the Western Union Financial Services Inc. (WUFSI) need not stop payment on or receipt or return a lost or stolen Money Order unless (1) you file in the box at the bottom of the Money Order or the back of the receipt, and (2) you return the fee or that to Western Union Financial Services Inc. in writing immediately, and (3) you provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-500-9999.



Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is not available for any class of International mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2008 (Reverse) PSN 7530-02-000-9047

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Venues 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:

Cynthia Hamilton

Name of Person

Florida Venues LLC

Firm/Company

420 Holborn Loop

Address

Davenport FL 33897

City/State and Zip Code

chamilton21@googlemail.com

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

For further information concerning this matter, please call:

Cynthia Hamilton

Name of Person

at (863)

4248287

Area Code & Daytime Telephone Number

(863) 206-2293

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Venues 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:

420 Holborn Loop

Davenport

FL 33897

Mailing Address:

420 Holborn Loop

Davenport

FL 33897

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:

Michael Hamilton

Name

420 Holborn Loop

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

Davenport

FL 33897

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.

Michael Hamilton

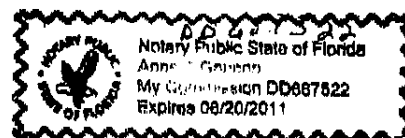
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Anne T. Gannon
NOTARY

ANNE T. GANNON



10 APR 29 PM 2:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Cynthia Hamilton

420 Holborn Loop, Davenport

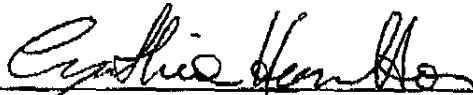
FL 33897

(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.)

Cynthia Hamilton

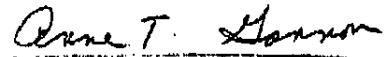
Typed or printed name of signer

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)


NOTARY
ANNE T. GANNON
DD 687522 EXP 06/20/11

