110000063287

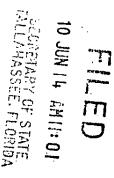
(Re	equestor's Name)		
(Ad	idress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	→ #)	
PiCK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Centricates	or Status	
Special Instructions to	Filing Officer:		
		,	

Office Use Only



200180955782

06/14/10--01013--021 **125.00



D. BRUCE

JUN 15 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations						
SURJECT: Daytons	a Tattoo Convention						
SOBILET		ed Liability Comp	any	-			
The enclosed Articles of	of Organization and fee(s) are	submitted for filin	g.				
Please return all corres	pondence concerning this matt	ter to the following	3:				
David Keeze	r .						
		Name of Person					
Daytona Tatt	oo Convention						
		Firm/Company					
38 S. Atlantic	Ave						
00 0.7 (10)	7.10	Address					
Daytona Dan	ah EL00440						
Daytona Bea		y/State and Zip Code	e		<u> </u>		
Hardcoretats(S.S.	ال (State
-	E-mail address: (to be used t	or future annual repo	ort notification)		(2) X	Toronto.	77.
For further information	concerning this matter, please	e call:			E C	#- 20:	1.
-			0007500			O:11Hy 41110	
David Keezer Name	of Person	_ at (_386 Area Code) 3837566 e & Daytime Telep	phone Number		0:	3
					1>		
Enclosed is a check for	or the following amount:						
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional cop	ру	\$160.00 Fili Certificate of Certified Co (additional co	of Status opy		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations Building ecutive Center C see, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compa	any is:
Daytona Tattoo Convention Limited	
(Must end with the words "Limite	d 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:	Mailing Address:
38 S. Atlantic Ave	38 S Atlantic Ave
Daytona Beach, FL 32118	Daytona Beach, FL 32118
	stered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
The name and the Florida street address of	f the registered agent are:
David Keezer	
	Name
38 S Atlantic Ave	
Florida st	reet address (P.O. Box NOT acceptable)
Daytona Beach	FL 32118

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..

City, State, and Zip

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>		Name and Address:
"MGR" = Mar		
"MGRM" = M	lanaging Member	
MGR		David Keezer
·		38 S. Atlantic Ave
		Daytona Beach, FL 32118
MGRM		Andrew Johns
		38 S. Atlantic Ave
		Daytona Beach, FL 32118
		
(Use attachme	nt if necessary)	
TICLE V: Effective	ve date, if other than t	he date of filing: (OPTIONAL)
n effective date is 90 days after the		t be specific and cannot be more than five business days prior
REQUIRED S	SIGNATURE:	
		8
	Signature of a mem	iber or an authorized representative of a member.
	of this document cor	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury:
	that the facts stated	herein are true.)
	Lavid	Keezer 3 = m
		Typed or printed name of signee

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)