

L10000106848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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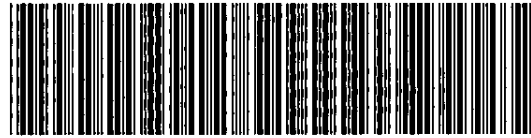
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 OCT 12 AM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 13 2010

EXAMINER

EFFECTIVE DATE 10/5/10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ideal Events 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:

Lina M.Nin

Name of Person

Ideal Events LLC

Firm/Company

2302 Lucaya Lane # D-1

Address

Coconut Creek, FL 33066

City/State and Zip Code

lmg2749@hotmail.com

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

For further information concerning this matter, please call:

Lina M. Nin

Name of Person

at (786) 282-1175

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ideal Events 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:

2302 Lucaya Lane #D-1
Coconut Creek, FL 33066

Mailing Address:

P. O. Box 770994
Coral Springs, FL 33071

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:

Lina M. Nin

Name

2302 Lucaya Lane # D-1

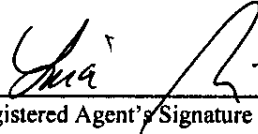
Florida street address (P.O. Box **NOT** acceptable)

Coconut Creek FL 33066

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE 10/5/10

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

Kirza Raffo

230 174th Street

Sunny Isles, FL 33160

MGRM

Jesselyn Soto

800 SW 131th Avenue

Pembroke Pines, FL 33027

MGRM

Lina M. Nin

2302 Lucaya Lane # D-1

Coconut Creek, FL 33066

MGRM

Karly J. Guevara

950 BISCAYNE BLVD WY #5100

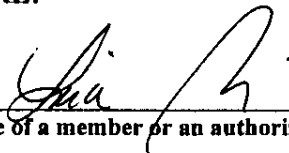
Miami, FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/05/10. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lina M. Nin

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)

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10 OCT 12 AM 11:47
TALLAHASSEE, FL 32310
SECRETARY OF STATE