

(Requestor's Name)	
(Address)	
(Address)	
(13.1.2.2)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, ,	
(Daywood Allows I a )	
(Document Number)	
Certified Copies Certificates of Status	
Casaial Instructions to Filing Officer	
Special Instructions to Filing Officer:	

G. MCLEOD Only
OCT 2 6 2010

**EXAMINER** 



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FILED

10 OCT 25 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations
SUBJECT: <u>Frents by Madeline</u> 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:
Madeline Brimmer Name of Person
Events by Madeline Firm/Company
7820 Baymeadows Rd east, Apt # 627
Tacksonville, FL 32256  City/State and Zip Code  Madeline. Brimmer @ amail. com  E-mail address: (to be used for futubo annual report notification)
Madeline. Brimmer @ amai. com  E-mail address: (to be used for Yutuko annual report notification)
For further information concerning this matter, please call:
Madeline Brimmer at (U)2 805-4063  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$  Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

Events by Madeling (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7820 Baymadows Rd east  Jacksonville, FL 32356  Apt # 627  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 remainder	egistered agent are:
7820 Baymado Florida street addi	ress (P.O. Box NOT acceptable)
Jackson U L City, Stat	FL 3 2256 te, 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)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MURM	Madeline Brimmer 7820 Baymadows Road east Jacksonville, FL 32256
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than If an effective date is listed, the date musto or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Madll Signature of a mer	ny Brunna mber or an authorized representative of a member.
constitutes an affirmation u I am aware that any false in	608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. If it is a document to the Department of State elony as provided for in s.817.155, F.S.)

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)

Madeline Brimmer
Typed or printed name of signee