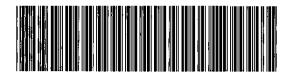
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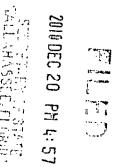
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J. SAULSBERRY EXAMINER DEC 21 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACTION EVENTS & PROMOTIONS, 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:

DALE E. PROCHNOW

Name of Person

Firm/Company

P.O. BOX 152167

Address

CAPE CORAL, FL 33915

City/State and Zip Code

Revamta@gmail.com

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

For further information concerning this matter, please call:

DALE E. PROCHNOW

Name of Person

at (239) 458-1667

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACTION EVENTS & PROMOTIONS, 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:

Mailing Address:

927 S.E. 16th TERRACE CAPE CORAL, FL 33990

P.O. BOX 152167 CAPE CORAL, FL 33915

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:

DALE E. PROCHNOW Name

927 S.E. 16th TERRACE

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

CAPE CORAL, FL 33990

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..

stered 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:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

DALE E. PROCHNOW

927 S.E. 16th TERRACE CAPE CORAL, FL 33990

MGRM

MITCHEL EDWARD TULACHKA

N 3070 ANGLE RD. KEWAUNEE, WI 54216

MGRM

SHANE PHREED

17890 DURRANCE RD

NORTH FORT MYERS, FL 33917

(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:

ignature of a member of 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.)

DALE E. PROCHNOW

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)