

L11000051483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

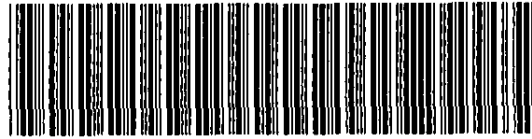
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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N. CAUSSEAU

MAY 3 2011

EXAMINER

411-51483

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Extraordinary Touches Event Planning

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:

Quintella Jones - Tross

Name of Person

Firm/Company

621 New Lake Drive

Address

Boynton Beach, FL 33426

City/State and Zip Code

extraordinarytouch@gmail.com

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

For further information concerning this matter, please call:

Quintella Jones - Tross

Name of Person

at ( 954 ) 234-8048

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2011

EXTRAORDINARY TOUCHES EVENT PLANNING  
621 NEW LAKE DRIVE  
BOYNTON BEACH, FL 33426

SUBJECT: EXTRAORDINARY TOUCHES EVENT PLANNING

We have received your document for EXTRAORDINARY TOUCHES EVENT PLANNING and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

The document must include the names and mailing addresses of all partners or the name and street address of the agent in Florida who shall maintain a list of the names and addresses of all partners.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 711A00005444

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

March 8, 2011 (~~April 20, 2011~~)

BB

Dear Registration Section,

I submitted a Partnership Statement of Registration along with a check in the amount of \$58.00. I no longer want to register as a partnership company.

Therefore; I have attach a Cover Letter and Article of Organization for an LLC company, along with a check in the amount of \$72.00, to be added to the \$58.00 check to file for a LLC company.

Should you have any questions, please contact me at 954.234.8048 or Mrs. Smith at 954.937.6763.



Quintella Tross

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Extraordinary Touches Event Planning, 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:

621 New Lake Drive  
Boynton Beach, FL 33426

#### Mailing Address:

621 New Lake Drive  
Boynton Beach, FL 33426

### 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:

Quintella Jones-Tross

Name

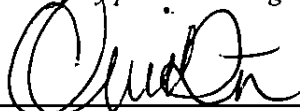
621 New Lake Drive

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

Boynton Beach FL 33426

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..*



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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Quintella Jones - Tross  
621 New Lake Drive  
Boynton Beach, FL 33426

MGR

LaTerrah Murrell - Smith  
621 New Lake Drive  
Boynton Beach, FL 33426

\_\_\_\_\_  
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(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. 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.)

Quintella Jones-Tross

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)**

FILED  
11 APR 28 AM 11:55  
TALLAHASSEE, FLORIDA