

(Re	equestor's Name)	···
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only

G. MCLEOD

AUG 16 2011

EXAMINER



800210424708

08/01/11--01044--003 **155.00

11 AUG 15 AM 10:55

W1-46168

COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: Staged Spaces, 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:
Mistie Adair Brown
Name of Person
Staged Spaces, LLC
Firm/Company
888 Taft Court
Address
Palm Beach Gardens, Fl 33410
City/State and Zip Code
MistieAdair@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mistie Adair Brown at (561 8919680
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\subseteq} \frac{\$\ \text{\$\subseteq} \frac{{\subseteq} \frac
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

Staged Spaces, LLC.		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		*
The mailing address and street address	of the principal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
888 Taft Court	888 Taft Court	
Palm Beach gardens, FI 33410	Palm Beach Gardens, Fl 33410	
		
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Soown Registered Agent. You must designate an individua	ignature:
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's So own Registered Agent. You must designate an individual sof the registered agent are:	ignature: al or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's So own Registered Agent. You must designate an individual sof the registered agent are:	ignature: al or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Soown Registered Agent. You must designate an individual of the registered agent are: WN Name	ignature: al or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Mistie Adair Bro 888 Taft Cod	egistered Office, & Registered Agent's Soown Registered Agent. You must designate an individual of the registered agent are: WN Name	ignature: al or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Mistie Adair Bro 888 Taft Cou	egistered Office, & Registered Agent's Soom Registered Agent. You must designate an individual of the registered agent are: WN Name	ignature: al or another 11 AUG 15

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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.)

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)