

L11000107952

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000227888 3)))



H110002278883ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

2011 SEP 16 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Att: Tammy

**FLORIDA LIMITED LIABILITY CO.
EMS EXHIBITS ORLANDO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. CLINE

SEP 21 2011

EXAMINER

RE-SUBMIT

Please retain original filing
date of submission 9/16

TRANSMISSION VERIFICATION REPORT

TIME : 09/16/2011 18:09
 NAME :
 FAX :
 TEL :
 SER.# : BROK7J716706

DATE, TIME 09/16 18:09
 FAX NO./NAME 176383
 DURATION 00:00:00
 PAGE(S) 00
 RESULT BUSY
 MODE S.FINE

BUSY: BUSY/NO RESPONSE

9/16/2011

<https://efile.sunbiz.org/scripts/efilcovr.exe>

FILED

2011 SEP 16 PM 1:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FLORIDA LIMITED LIABILITY CO.
 EMS EXHIBITS ORLANDO LLC

Email Address:

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

From:

Division of Corporations
 Fax Number : (850) 617-6383

To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMS EXHIBITS ORLANDO 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:

5310 N. Central Ave., Suite A

Tampa, FL 33603

Mailing Address:

5310 N. Central Ave., Suite A

Tampa, FL 33603

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:

Stephen R. Couture

Name

5310 N. Central Ave., Suite A

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

Tampa FL 33603

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.

Stephen R. Couture

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 16 PM 1:17

FILED

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

Christoph Rahofer

Event Marketing Service GmbH

Geusaugasse 9 1030, Vienna, Austria


(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.)

2014 SEP 16 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.)

EMS Exhibits, Inc., Sole Member. By: Christoph Rahofer, President

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)