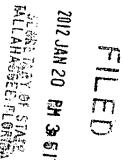
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



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A. LUNT

JAN 23 2011

**EXAMINER** 

Office Use Only

# **COVER LETTER**

TO: Registration S Division of Co	rporations						
SUBJECT: FSC E		ed Liability Compa	ny				
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing					
Please return all corresp	ondence concerning this matte	er to the following:					
CATHY F	RUSH						
. <u> </u>		Name of Person					
		Firm/Company	<u></u>		<u> </u>		
8913 GR	EY OAKS AVENU	,		ŕ	- C	2012 JAN	ub.com <sub>2</sub>
0913 010	LI OAKS AVENO	Address			  	20	erne.
SARASOT	A FL 34238			Fig. 17			
	City	y/State and Zip Code		g	13.	<u>ය</u> ආ	Year
MONKFISH	H55@AOL.COM E-mail address: (to be used f	or future annual repo	rt notification)	<u> </u>	yre.	<u> </u>	-
For further information	concerning this matter, please	•					
ROBERT RHOA	NDES	at (_973	994-3880				
Name of Person		Area Code	& Daytime Telep	phone Number			
Enclosed is a check for	or the following amount:						
\$125.00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional copy	py	\$160.00 Fili Certificate of Certified Co (additional cop	of Stat	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton E 2661 Exc	ourier Address on Section of Corporations suilding ecutive Center Cosee, FL 32301				

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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73	. г.	11.1	- F - 1			me.

The name of the Limited Liability Company is:

## **FSC EVENTS 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:
8913 GREY OAKS AVENUE	8913 GREY OAKS AVENUE
SARASOTA, FL. 34238	SARASOTA, FL. 34238
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 addres	
CATHY RUSH	20 Z
	Name
8913 GREY	OAKS AVENUE
Florida	a street address (P.O. Box NOT acceptable)
SARASOTA, F	L. <sub>FL</sub> 34238
-	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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM **CATHY RUSH** 8913 GREY OAKS AVENUE SARASOTA, FL. 34238 MEMBER MICHAEL RUSH 380 IRON HILL ROAD DOYLESTOWN, PA. 18901 (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.) CATHY RUSH

#### 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)

Typed or printed name of signee