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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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Office Use Only



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SLUGLINGS OF STATE
ALLAMASSEE, FLORID.

B. BOSTICK

APR 1 7 2012

EXAMINER

COVER LETTER ----

Registration Section

TO:

| Division of | Corporations | | | | |
|------------------------|---|--|---|---|------------------|
| SUBJECT. Dav | is Advertising & Ev | ents .u.c | , | | |
| SUBJECT: | | d Liability Compa | | | |
| The enclosed Article | es of Organization and fee(s) are s | ubmitted for filing | g. | | |
| Please return all corr | respondence concerning this matte | er to the following | ;: | | |
| Consta | nce P. Davis | | | | |
| | | Name of Person | | | |
| Davis A | Advertising & Events | \$ | | | |
| | | Firm/Company | | | |
| 4800 N | .E. 25th Avenue | | | | |
| | | Address | | | |
| Fort Lau | derdale, Florida 3330 | | · · · · · · · · · · · · · · · · · · · | TALL | 12 4 |
| | • | /State and Zip Code | ; | | PR |
| connieda | visre@aol.com E-mail address: (to be used for | or future annual reno | ort notification) | 0) : (0) : (1) : | <u>း တ</u> |
| For further informati | on concerning this matter, please | - | <i>71.</i> 10.111-1111 | Ĕ, FLO | APR 16 AM IO: 38 |
| Constance P. | | at (954 | 383-2285 |)RIDA | 38 ATE |
| Na | me of Person | Area Code | e & Daytime Tele | phone Number | |
| Enclosed is a check | k for the following amount: | | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filin Certified Co (additional copy | РУ | \$160.00 Filing Certificate of Certified Copy (additional copy | Status & y |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrati Division Clifton B 2661 Exe | ourier Address ion Section of Corporations duilding ecutive Center Case, FL 32301 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liebility Company i | | | | |
|--|--|--|----------------|------------------------|
| The name of the Limited Liability Company i | S: | | | |
| Davis Advertising & Events, I | LLC | | | |
| (Must end with the words "Limited Lia | bility Company, "L.L.C.," or "LLC.") | | ' | |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited L | iability C | Compa | any is: |
| Principal Office Address: | Mailing Address: | | | |
| 4800 N.E. 25th Avenue Fort Lauderdale, FL 33308 | 4800 N.E. 25th Avenue Fort Lauderdale, FL 33308 | | - | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.) | | | | |
| The name and the Florida street address of the | e registered agent are: | SE | 12 | |
| Constance P. Davis | | | APR 16 | otal, an |
| Nan | ne | 35 | 2 2 | terrinana terrinana |
| 4800 N.E. 25th | Avenue | CALIART OF STATE LAHASSEE. FLORID | | 1 |
| Florida street a | address (P.O. Box NOT acceptable) | - - | == | |
| Fort Lauderdale | _{FL} 33308 | SE STA | AM 10: 38 | |
| City, | State, and Zip | DA E | 8 | |

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:

| "MGR" = Manager "MGRM" = Managing Member | |
|--|---|
| MGR | Constance P. Davis |
| | 4800 N.E. 25th Avenue |
| | Fort Lauderdale, FL 33308 |
| | |
| | TALL SLC |
| | APR |
| | (Oct. 5) |
| | |
| | OF SIV |
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| • | |
| | <u>Dm</u> & |
| (Use attachment if necessary) | |
| LE V: Effective date if other than | the date of filing: (OPTION |
| | ist be specific and cannot be more than five business d |
| 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.)

Constance P. Davis

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)