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Division of Corporations

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From:

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Account Number : 120000000019 : (305)552-5973 Phone Fax Number : (305)220-1440

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FLORIDA LIMITED LIABILITY CO. AGS EVENT ADVISORS, LLC

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B. BOSTICK

MAY - 9.2012

EXAMINER

03/20/2030 06:09 05-08-112 1(:19 FROM-ATP-Sparta

ARTICLE I - Name:

T-414 P003/008 F-719

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:	• • • • •
AGS Event Advisors, LLC (Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:	ŀ
Principal Office Address:	Mailing Address:	
	1111 sw 1 Ave. Unit 1517 Miami, FL 33130 red Office, & Registered Agent's Signature: egistored Agent. You must designate an individual or another	
The name and the Florida street address of the Anaely Gonzalez	SSER A	
1111 SW 1 Ave. L	Init 1517 Raddress (P.O. Box NOT acceptable) AH 7: 49	Ö
Miami, FL 33130	FL ste, 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..

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
Manager	Anaely González	In.)
•	1111 SW 1 Ave. Unit 1517	
	Miami, FL 33130	_
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	(n)	z
	أبأ	of H
		<u> </u>
		营 ;
	5	
(Use attachment if necessary)	•	
ARTICLE V: Effective date, if other than	the date of filing:, (OPT	(IONAL)
(If an effective date is listed, the date mu to or 90 days after the date of filing.)	st be specific and cannot be more than five busine	ss days prior
<u>required</u> signature	٨١	
An	adu Horas	
Signature And	by have as an enthanized representative of a manhau	

Anaely Gonzalez

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

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