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K. SALY EXAMINER (AY 9 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tallahassee Latin Dance Festival 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:
Miriam Watkins Name of Person
Name of Person
Tallahassee Latin Dance Festival LLC Firm/Company
N Cadsaenst
Address
Tallahassee, Fz 32303 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MIVIAM WA+Kins at (850) 2242264 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
TALLAHASSEE LATIN DANCE FESTIVAL 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:
1117 N Gadsden St Tallahassee Fr Tallahassee Fr 32303
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:
Miriam Hatkins
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32303 ==
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)

<u>Title:</u> "MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM - Managing Member	Miriam Hatkins 1117 Nordscier St Tallahassea, F. 32303
<u> </u>	
(Use attachment if necessary)	
LE V: Effective date, if other than ective date is listed, the date mus days after the date of filing.)	the date of filing: $5/9/13$. (OPTION t be specific and cannot be more than five business d
LE V: Effective date, if other than	the date of filing: $5/9/13$. (OPTION t be specific and cannot be more than five business d
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LE V: Effective date, if other than ective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: $5/9/13$ (OPTION to be specific and cannot be more than five business defined and cannot be m

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)