

Division of Corporations

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Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: fpa1@fowler-white.com

FLORIDA LIMITED LIABILITY CO. EVENTS & STYLE, LLC

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J. SAULSBERRY
EXAMINER

JUN 4 2012

Audit No. H12000144133 3

ARTICLES OF ORGANIZATION
OF
EVENTS & STYLE, LLC

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ARTICLE I

The name of the limited liability company formed hereby is EVENTS & STYLE, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

2225 E. 10 Avenue
Hialeah, Florida 33013

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Fabian A. Pal, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

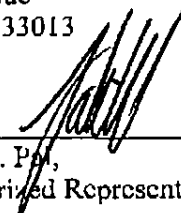
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ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

Matilde M. Canals
2225 E. 10 Avenue
Hialeah, Florida 33013



Fabian A. Pal,
as Authorized Representative of the Member


STATE OF FLORIDA)

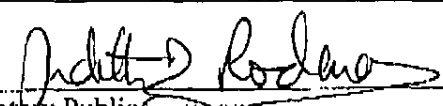
COUNTY OF MIAMI-DADE)

BEFORE ME personally appeared Fabian A. Pal, as Authorized Representative of the Member, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this 1st day of

June 2012.

NOTARY PUBLIC STATE OF FLORIDA
 Judith D. Rodman
Commission # DD921378
Expires: OCT. 18, 2013
BONDED THRU ATLANTIC BONDING CO., INC.



Notary Public
Print Name: JUDITH D. RODMAN
My Commission expires: 10/18/2013

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CERTIFICATE OF DESIGNATION OF RESIDENT AGENT
AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is EVENTS & STYLE, LLC.
2. The name and address of the Registered Agent and Office is:

Fabian A. Pal, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

I having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

Fabian A. Pal, Registered Agent

Date: 6/1/12

EVENTS & STYLE, LLC

By: Fabian A. Pal,
as Authorized Representative
of the Member

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