

412000146163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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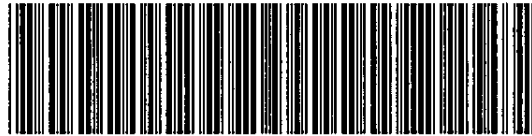
(Business Entity Name)

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1. EuroDolo Experience LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
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(CORPORATE NAME AND DOCUMENT #)

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**SPECIAL INSTRUCTIONS:**

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\_\_\_\_\_  
\_\_\_\_\_

Europolo Experience LLC  
413 SE 4<sup>th</sup> Terrace  
Dania Beach FL 33004

November 14<sup>th</sup>, 2012

FL Department of the State

RE: L08000024458

Dear Sir/Madam,

Please be informed that our company was dissolved and the company name is available for future use.

Sincerely,



Istvan Csendes  
MGRM

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# **ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

## **ARTICLE I.**

The name of the Limited Liability Company is:

**EUROPOLO EXPERIENCE LLC**

## **ARTICLE II.**

The address and street address of the principal office of the Limited Liability Company is:

413 SE 4<sup>TH</sup> TERRACE

DANIA BEACH FL 33004

The mailing address of the Limited Liability Company is:

413 SE 4<sup>TH</sup> TERRACE

DANIA BEACH FL 33004

## **ARTICLE III.**

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

## **ARTICLE IV**

The name and the Florida street address of the registered agent are:

413 SE 4<sup>TH</sup> TERRACE

DANIA BEACH FL 33004

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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*

11-14-12

*Date:*

## ARTICLE V

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:

ISTVAN CSENDES

MGRM

413 SE 4<sup>TH</sup> TERRACE

DANIA BEACH FL 33004

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\_\_\_\_\_  
11-14-2012

*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.

ISTVAN CSENCES  
\_\_\_\_\_  
11-14-2012

*Typed or printed name of signee*                      *Date*

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