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TO:

Registration Section Division of Corporations

RKF Event Staffing, 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:
Robert Fairbrother
Name of Person
RKF Event Staffing, LLC
Firm/Company
1683 Triangle Palm Terrace
Address
Naples, FL 34119
City/State and Zip Code
rgfairbrother@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Fairbrother 239 404-2330
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

■\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:	
RKF Event Staffing, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
(Musi ciki with the words Elimited E	naomity Company. E.E.C., of EEC.	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
1683 Triangle Palm Terrace Naples, FL 34119	1683 Triangle Palm Terrace Naples, FL 24119	
1683 Triangle Palm Terrac	egistered Agent. You must designate an individu. he registered agent are: nme	al or another SECRETARY TALLAMASSE
	t address (P.O. Box <u>NOT</u> acceptable)	SI SI
Naples, City	FL 34119 V, State, and Zip	AN IO: 26 OF STATE E, FLORIDA
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cal all statutes relating to the proper and compand accept the obligations of my position as	in this certificate, I hereby accept the pacity. I further agree to comply with plete performance of my duties, and I	appointment as the provisions of am familiar with

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
· MGR	Robert Fairbrother 1683 Triangle Palm Terrace
	Naples, FL 34119
(Use attachment if necessary)	
ARTICLE V: Effective date, if other the late of file of the date or for to or 90 days after the date of file.	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business days
REQUIRED SIGNATURE:	ZECRET/
	nember or an authorized representative of a member.
constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
Robert Fairbro	other
	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)