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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG -6 AM 11:19

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FANTASY EVENTS, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel Diner

Name of Person

Manuel Diner, P.A.

Firm/Company

7735 NW 146 Street, Suite 300

Address

Miami Lakes, Fl. 33016

City/State and Zip Code

mdiner@dinerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Diner

Name of Person

at (**305**) **825-8151**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

2013 AUG -6 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
FANTASY EVENTS, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

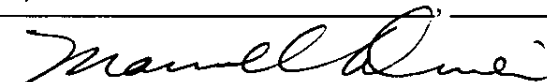
The spelling of the first Managing Member's is corrected to

Ismario G. Useche Perez

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: August 1, 2013



Signature of a member or authorized representative of a member

Manuel Diner

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2013 AUG -6 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Electronic Articles of Organization
For
Florida Limited Liability Company**

L13000093867
FILED 8:00 AM
July 01, 2013
Sec. Of State
jshivers

Article I

The name of the Limited Liability Company is:

FANTASY EVENTS, LLC

Article II

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

6503 N. MILITARY TRAIL
BOCA RATON, FL. US 33496

The mailing address of the Limited Liability Company is:

6503 N. MILITARY TRAIL
BOCA RATON, FL. US 33496

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

MANUEL DINER, P.A.
7735 NW 146 STREET
SUITE 300
MIAMI LAKES, FL. 33016

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.

Registered Agent Signature: MANUEL DINER

Article V

The name and address of managing members/managers are:

Title: MGRM
ISMANRIO G USECHE PEREZ
6503 N. MILITARY TRAIL
BOCA RATON, FL. 33496 US

Title: MGRM
MARIBEL DE ABREU DINIZ
6503 N. MILITARY TRAIL
BOCA RATON, FL. 33496 US

L13000093867
FILED 8:00 AM
July 01, 2013
Sec. Of State
jshivers

Signature of member or an authorized representative of a member

Electronic Signature: MANUEL DINER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.