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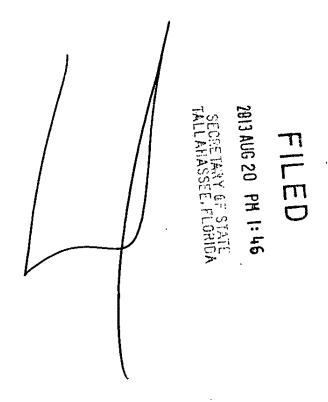
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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AUG 21 2013 J. BRYAN

COVER LETTER

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| | egistration Section ivision of Corporations | | |
|-----------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| SUBJECT | . CORPORATE E | VENT ORGANIZER | , LLC |
| 5626261 | · | ted Liability Company | <u></u> |
| | ed Articles of Organization and fee(s) are | - | MI3 NIC 20 PH 1:46 |
| Please retu | rn all correspondence concerning this ma | tter to the following: | 8 |
| | Julia Gr | reenberg-Aguilar | Sec. 3 |
| | | Name of Person | |
| | MyUSA | corporation.com | Service Services |
| | | Firm/Company | |
| | 40 Exchar | nge Place STE 130 | 1 |
| | | Address | |
| | | York, NY 10005 | |
| | | ty/State and Zip Code | |
| | | prateeventorganizer.com for future annual report notification) | |
| For further | information concerning this matter, pleas | • , | |
| Ju | ılia Greenberg-Aguilar | _at (877) 330-2677 | , |
| <u>-</u> | Name of Person | Area Code & Daytime Tele | phone Number |
| Enclosed i | is a check for the following amount: | | |
|] \$125.00 Fil | ing Fee \$\int \\$130.00 \text{ 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 | Street/Courier Address Registration Section | |

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | mē. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| The name of the Limited Liability Company is: | |
| CORPORATE EVENT | ORGANIZER, LLC |
| (Must end with the words "Limited Liabili | ry Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the pri | ncipal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 7781 SW 134 ST | 7781 SW 134 ST |
| PINECREST, FL 33156 | PINECREST, FL 33156 |
| | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another |
| The name and the Florida street address of the re | egistered agent are: |
| Incorp Services, Inc | |

Name

17888 67th Court North

Florida street address (P.O. Box NOT acceptable)

Loxahatchee

_{ET} 33470

City, State, and Zip

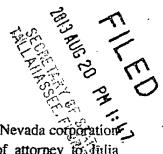
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)

Page 1 of 2

SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY



TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Julia Greenberg-Aguilar and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which *Selene Enterprises LLC dba MyUSA corporation.com* have purchased agent service on through their account with InCorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2013.

Aurora Murtey, Secretary

Dated: December 10, 2012

Signed in my presence this the 10th day of December 2012 by Aurora Murtey, State of Nevada.

County of Clark

Notary Public in the State of Nevada

CRYSTAL TEMPLE-OWENS
Notary Public, State of Neveds
Appointment No. 09-11437-1
My Appl. Expires Nev 20, 2013

| <u> Fitle:</u> | Name and Address: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 'MGR" = Manager | |
| 'MGRM" = Managing Member | naging Member(s): ger or Managing Member is as follows: Name and Address: YUSDELMIS ACANDA DE ORELLANA 7781 SW 134 ST |
| MGRM | YUSDELMIS ACANDA DE ORELLANA |
| | 7781 SW 134 ST |
| | PINECREST, FL 33156 |
| MGRM | DANNY ROSSO |
| | 6 KILDONAN DRIVE |
| | SCARBOROUGH, ONTARIO, CANADA, M1N 3B5 |
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| LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may are that any false information under the constitutes a third degree felon dulia Greenberg | expecific and cannot be more than five business of performance of a member. 8.408(3), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) |
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