## L13000144510

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2013 OCT 11 AN IO- 34
SECRETARY OF STATE

(850) 245-6051.

## COVER LETTER

TO: Registration Division of C	Section Corporations	·	
SUBJECT:	2 die 4 Name of Limit	Events Manager led Liability Company	nent L.L.C.
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
	Condice	Argo Name of Potson	
<u></u>		Firm/Company	
	4048 Festival	Pointe Blud.	
	mulberry cil	FC 33860 by/State and Zip Code	
	E-mail address: (to be used	of future annual report notification)	<u>n</u>
For further informatio	n concerning this matter, please	e call:	
Candic	ce Argo	at (813) 205-6 Area Code & Daytime Telep	830 Shone Number
Enclosed is a check	for the following amount:		
<b>∡\$</b> 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	Street/Courier Address Registration Section Division of Compositions	

Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida	a street address of the registered agent are:  Candiu argo  Name	TALLMAN
	Florida street address (P.O. Box NOT acceptable)  Mulberry FL 33860  City, State, and Zip	TANIO 34 SEE ELORDA

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

<u>Title:</u> "MGR" = Ma "MGRM" = N	nager Managing Membe	Name and Address:
mglm		Candice Argo 4048 Festival Pointe Blvd.
mgem	<u> </u>	Shari Liogan  4232 Stone herilge Rd.  mulberry Fr. 22.8700
-mG-lr	η	Helminia Rivera 1455 Thomasville Circle
	<del></del>	
(Use attachme	ent if necessary)	
ICLE V: Effecti		han the date of filing: (OPTIONAL)  e must be specific and cannot be more than five business day  ling.)
ICLE V: Effection of the control of	ve date, if other the listed, the date	e must be specific and cannot be more than five business day ling.)
ICLE V: Effection of the second of the secon	ve date, if other the listed, the date of files	e must be specific and cannot be more than five business day

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)