

L14000036216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

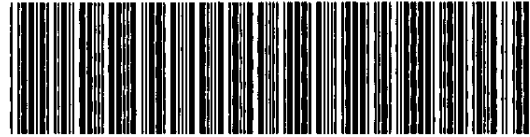
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32304

J. Givens MAR 04 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ARTS ENCOUNTERS, 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:

**Marjorie F. Robbins, Esq.**

Name of Person

**Trute & Robbins**

Firm/Company

**P. O. Box 6260**

Address

**Surfside, FL 33154**

City/State and Zip Code

**MARGERYGO@YAHOO.COM**

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

For further information concerning this matter, please call:

**Marjorie F. Robbins** at **305** **865-6736**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**ARTS ENCOUNTERS, LLC**

**ARTICLE I – NAME**

The name of the Limited Liability Company is:

**Arts Encounters, LLC**

**ARTICLE II – ADDRESS**

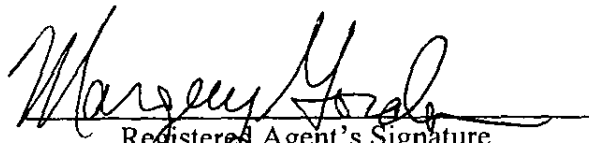
The mailing address and street address of the principal office of the Limited Liability Company is:

1140 – 101<sup>st</sup> Street, # 501  
Bay Harbor Islands, FL 33154

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE:**

**MARGERY GORDON**  
**1140 – 101<sup>st</sup> Street, #501**  
**Bay Harbor Islands, FL 33154**

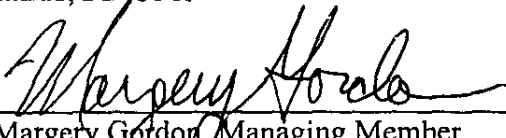
Having been named Registered Agent and to accept service of process for the above-stated limited liability company, at the place designated in this Certificate, I hereby accept the appointment as Registered Agent, and agree to act in this capacity. I further agree to comply with the provisions of all 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  
Margery Gordon

**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):**

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

**MARGERY GORDON – MANAGING MEMBER**  
**1140 – 101<sup>st</sup> Street, #501**  
**Bay Harbor Islands, FL 33154**

  
\_\_\_\_\_  
Margery Gordon, Managing 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.)