

L14000069436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

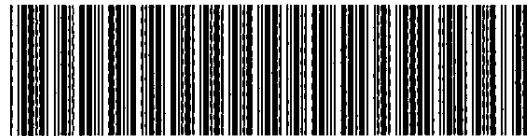
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-23898

Office Use Only



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04/14/14--01042--011 **130.00

B. BOSTICK

APR 29 2014

RYAN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Unmatched Event Design, 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:

Carla Jean-Oscar
Name of Person

Unmatched Event Design, LLC.
Firm/Company

13217 SW 26 Street
Address

Miramar, FL 33027
City/State and Zip Code

carlajean38@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla Jean-Oscar at (786) 390-8094
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:

Unmatched Event Design, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

13217 SW 26 Street
Miramar, FL 33027

Mailing Address:

13217 SW 26 Street
Miramar, FL 33027

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 street address of the registered agent are:

Carla Jean-Oscar

Name

13217 SW 26 Street

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

Miramar,

City

FL

33027

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Stanley Denis

9740 SW 15 Street

Pembroke Pines, FL 33025

AMBR

Marie Dagmar Denis

12701 SW 52 Street

Miramar, FL 33027

AMBR

Gael Denis

2811 NW 171 Terrace

Miami Gardens, FL 33056

AMBR

Berline Jean

530 NW 99 Street

Miami, FL 33050

(Use attachment if necessary)

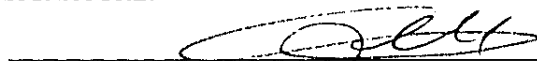
ARTICLE V: Effective date, if other than the date of filing: date of filing (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

Unmatched Event Design, LLC.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any 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.)

CARLA JEAN-OSCAR

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2014

CARLA JEAN-OSCAR
13217 SW 26 STREET
MIRAMAR, FL 33027

SUBJECT: UNMATCHED EVENT DESIGN, LLC (DBA UNMATCHED EVENTS, LLC)
Ref. Number: W14000023898

We have received your document for UNMATCHED EVENT DESIGN, LLC (DBA UNMATCHED EVENTS, LLC) and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 014A00008093