LIUDDIAHIGO

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/2	(ip/Phone #)
PICK-UP V	VAIT MAIL
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NIGO 8 2014 J. BRUCE

COVER LETTER

10:	Registration Section Division of Corporations		
SUBJE	ECT: Blonde Moments Events, LLC	mited Liability Company	····
	name of Li	muted Liabinty Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Elizabeth Burns		
		Name of Person	
	Blonde Moments Events, LLC		
	Diolide Montolite Evento, EEG	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	11600 W. State Road 84 #0022	Address	out S
		Addiess	AUG -
	Davie, FL 33325		
		City/State and Zip Code	Ton tion
		@icloud.com	
	E-mail address: (to be use	ed for future annual report notifica	PH 12: 05
For fur	ther information concerning this matter, ple	ease call:	
Elizab	eth Burns at (at (216) 469-9005 Area Code Daytime Tel	ephone Number
			· · · · · · · · · · · · · · · · · · ·
Enclose	ed is a check for the following amount:		
□ \$125.0	0 Filing Fee \$\times \text{S130.00 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Mailing Address: 1600 W. State Road 84 #0022 11600 W. State Road 84 #0022	ARTICLE I - Name: The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") IRTICLE II - Address: he mailing address and street address of the principal office of the Limited Liability Company is: Incipal Office Address: Mailing Address: Mailing Address: Mailing Address: 1600 W. State Road 84 #0022 Davie, FL 33325 Davie, FL 33325 RRTICLE 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 nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: D. Paul Burns Name 12440 SW 1st Street Florida street address (P.O. Box NOT acceptable) Plantation FL 33325 City Zip City 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	The lame of the Estimeted Establishy Company is.		
he mailing address and street address of the principal office of the Limited Liability Company is: **Trincipal Office Address:** **Mailing Address:** *	Blonde Momens Events, LLC		
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Registered Agent's Signature (REQUIRED)	Registered Agent's Si	ignature (REOUIRED)	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Elizabeth L. Burns
	11600 W. State Road 84 #0022
	Davie, FL 33325
(Use attachment if necessary)	
E V: Effective date, if other than the date	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date extive date is listed, the date must be sp of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
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