

#L14000143706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

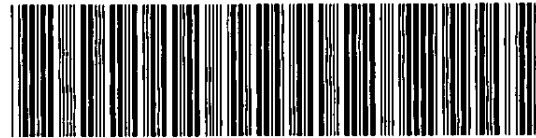
(Business Entity Name)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 15 2014

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SEVEN A FEAST OF SINS, LLC

Signature _____

Requested by: SETH

09/12/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF ORGANIZATION
FOR
SEVEN, A FEAST OF SINS, LLC,**

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TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Limited Liability Company is: SEVEN A FEAST OF SINS, LLC (the "Company").

ARTICLE II

The street address of the principal office of the Company is: 2070 Rafton Road, Apopka, FL 32703

ARTICLE III

The purpose for which the Company is organized is: creation, development and production and commercialization of an electronic dance movement event and all necessary business related thereto,

ARTICLE IV

The name and street address of the registered agent is:

Your Capital Connection, Inc.
417 East Virginia St., Suite 1
Tallahassee, FL 32301

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.

Registered Agent Signature: YOUR CAPITAL CONNECTION INC

By: 

Seth Neeley for your Capital Connection Inc

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V


Pursuant to Section 605.0407, the Company shall be Manager Managed.
The name and address of the initial Manager is:

Raymond A. Fournier
2070 Rafton Road, Apopka, FL 32703

ARTICLE VI

The effective date for this Limited Liability Company shall be: September , 2014

REQUIRED SIGNATURE:



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

(In accordance with section 605.0205(3), 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.)

RAYMOND A. FOURNIER

Typed or printed name of signee