

01/27/2033 23:25

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Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
SENSATIONAL EVENTS LLC.**

Certificate of Status	1
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March 19, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: SENSATIONAL EVENTS LLC  
REF: W15000019391

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: E15000068102  
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H15000068102

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is: **SENSATIONAL EVENTS LLC.**

**ARTICLE II-Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 2440 Coral Way, Miami, Florida 33145.

**ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Raul F. Pino  
2440 Coral Way  
Miami, Florida 33145

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

**Article IV-Management (Check box if applicable).**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Jackeline Saldarriaga- Manager Member- 2440 Coral Way  
Miami, Florida 33145

(All additional articles must be added if an effective date is requested)

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

Jackeline Saldarriaga  
Printed name of signee

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