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SECRETARY OF STATE TALLAHASSEE, FLORIDA

6-17-15-4

Office Use Only

## **COVER LETTER**

TO:	Registration Solvision of Co				
SUBJE		Meetings and Events, LL	C.		
Sebuc	···	Name of Li	mited Liabi	lity Company	
The enc	losed Articles of	Organization and fee(s) a	re submitte	I for filing.	
Please re	eturn all correspo	ondence concerning this m	atter to the	following:	
	Felice R. Le	vy			
			Name o	f Person	
	Gulf Coast N	Meetings and Events, LLC			
			Firm/Co	ompany	
	P. O. Box 12	200			
			Add	ress	
	Palm Harbor	r, FL 34682-1200			
	Faliac@Gulf@	CoastMeetings.com	City/State ar	nd Zip Code	
		E-mail address: (to be used	l for future	annual report notificati	ion)
For furthe		ncerning this matter, pleas		•	,
	Felice Levy	at (	727	638-8121	
	Nam		Area Code	Daytime Telephon	e Number
Enclosed	d is a check for t	he following amount:			
	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certif	00 Filing Fee & ied Copy nal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
	Divisio	ration Section on of Corporations		Registration Section Division of Corporati	ons
		ox 6327 assee, FL 32314		Clifton Building 2661 Executive Center	er Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ity Company is:			
Gulf Coast Meetings	and Events, LLC.			
(Must end	with the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal	office of the Limited	Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Address:	
2365 Bentley Dr.		<u>P.O.</u>	Box 1200	<u>_</u>
Palm Harbor, FL 34	684	Palm	Harbor, FL 34682-1200	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own active Florida registrati	n Registered Agent. `on.)	nt's Signature: You must designate an individual	SECRETARY FALLAHASSE 15 JUN 15
	Felice R. Levy	_		
	<u> </u>	Name		P F F S
	2365 Bentley Dr.			PH 4: 20
	Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)	30
	Palm Harbor	FL	34684	
	City	State	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..

(CONTINUED)

Registered Agent's Signature (REØUIRED)

Page 1 of 2

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager MGR	Felice R. Levy
MGR	2365 Bentley Dr.
	Palm Harbor, FL 34684
	· · · · · · · · · · · · · · · · · · ·
EV: Effective date, if other than the ctive date is listed, the date must filling.)	e date of filing: July 1, 2015 (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 d  not meet the applicable statutory filing requirements, this date will not b
ctive date is listed, the date must   f filing.)	not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be ment of State's records.
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Department's Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be ment of State's records.
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EV: Effective date, if other than the ctive date is listed, the date must of filing.) the date inserted in this block does nent's effective date on the Department's effective date of the Department's effective date on the Depa	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  A member or an authorized representative of a member.  In section 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. If also information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.)
EV: Effective date, if other than the ctive date is listed, the date must of filing.) the date inserted in this block does nent's effective date on the Department's effective date of the Department's effective date on the Depa	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  A member or an authorized representative of a member.  In section 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. If also information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.)
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