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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: 1018 Weddings & Events, LLC Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Lindsay M. Van - Zant Name of Person
	N/A Firm/Company
	13965 Firsta Circle
	Jacksonville, FL 32225
lin	Jacksonville, FL 32225 City/State and Zip Code Asay @ 1018 Weddings and events. Com E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
Lind	Name of Person at (904) U55-0781 Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
] \$ 125.00 i	Filing Fee Status Statu

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:

1018 Weddings & Ev	ents, LLC
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13965 Fiesta Circle Jacksonville, FL 32225	13965 Fiesta Circle Jacksonville, FL 32225
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Lindlay Van Name	-Zart Sign in The
13965 Fresta C	
Florida street address (P.O. Box 1	NOT acceptable)
<u>Jacksonville</u> City	FL 32225 RESTATE TO
City	Zip Divi 🕉
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance stations of my position as registered agent as provided for in r 605, F.S

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(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
MGR" = Manager AMBRIMGR	Indoan Van-Zaul 139105 Fresta Cir. Jacksonville, FC 32225
	DV:
	LAHA:
	SS CF
	E ORALE CONTROL OF THE PROPERTY OF THE PROPERT
EV: Effective date, if other than the date ctive date is listed, the date must be spe	» ·
V: Effective date, if other than the date ctive date is listed, the date must be sper filling.)	of filing: JLLW 1, 2015 (OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be spet filling.)	of filing: JLLW 1, 2015 (OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE	of filing: July 1, 2015 (OPTIONAL) ecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date ctive date is listed, the date must be spet filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE Signature of a mere (In accordance with section 60: constitutes an affirmation under I am aware that any false information under I am aware that a	of filing: 12015 (OPTIONAL) ecific and cannot be more than five business days prior to or mber of an authorized representative of a member. 5.0203 (1) (b), Florida Stauttes, the execution of this document r the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State
Signature of a mer (In accordance with section 60: constitutes an affirmation unde I am aware that any false inforr	of filing:

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