

Aug. 3. 2015 9:46 AM

Division of Corporations

No. 2412 P. 1/3  
(((H15000186919 3)))

**L15000130923**

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

15 AUG -3 AM 7:54

**FLORIDA LIMITED LIABILITY CO.  
Sheila Camp Motley Event Design, LLC**

Certificate of Status	0
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Page Count	02
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Help

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Aug. 3. 2015 9:46AM

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No. 2412 P. 2/3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

15 AUG -3 AM 7:54

ARTICLE I Name:

The name of the Limited Liability Company is:

Sheila Camp Motley Event Design, L.L.C

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

11673 Wimbledon Circle  
Wellington, Florida 33414

Mailing Address:

11673 Wimbledon Circle  
Wellington, Florida 33414

ARTICLE 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 another business entity with an active Florida registration.)

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

Sheila Motley

Name

11673 Wimbledon Circle

Florida street address (P.O. Box NOT acceptable)

West Palm Beach

Florida

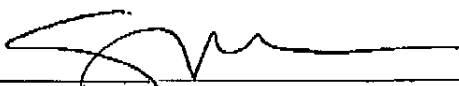
33414

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.*

  
Registered Agent's Signature (REQUIRED)

Sheila Motley

(CONTINUED)

((H15000186919 3)))

**ARTICLE IV**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Sheila Motley

11673 Wimbledon Circle

Wellington, Florida 33414

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Sheila Motley

Sheila Motley  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)