

L15000140258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

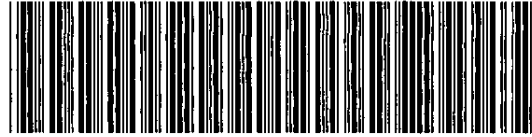
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Laura Rojas gave permission
to add "Resident" to Article
iv.

Office Use Only



000275162510

07/24/15--01007--026 **130.00

FILED
15 AUG 14 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/20/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NORTH RIVER EVENTS LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURA ROJAS

Name of Person

NORTH RIVER EVENTS LLC

Firm/Company

7165 50TH AVENUE CIR E

Address

PALMETTO, FL 34221

City/State and Zip Code

BBQLAURA@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA ROJAS

941

779-4493

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 14 PM 1:32

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2015

LAURA ROJAS
7165 50TH AVENUE CIR E
PALMETTO, FL 34221

SUBJECT: NORTH RIVER EVENTS LLC
Ref. Number: W15000051777

RECEIVED
15 AUG 14 PM 12:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for NORTH RIVER EVENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 915A00016080

850-245-6052

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15 AUG 14 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTH RIVER EVENTS LLC

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

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15 AUG 14 PM 1:32

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:

7165 50TH AVENUE CIR E
PALMETTO, FL 34221

Mailing Address:

7165 50TH AVENUE CIR E
PALMETTO, FL 34221

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:

LAURA ROJAS

Name



7165 50TH AVENUE CIR E

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

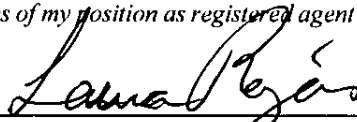
PALMETTO FL 34221

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)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager
PRESIDENT

Name and Address:

LAURA ROJAS
7165 50TH AVE CIR E
PALMETTO, FL 34221

(Use attachment if necessary)

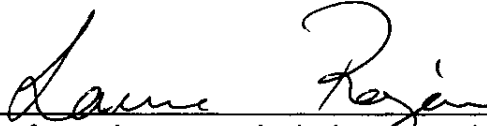
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

LAURA ROJAS

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)

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15 AUG 14 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA