

L15000147395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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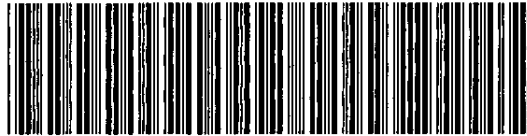
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Prismatic Event Planning 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:

Alissa Alvarado

 Name of Person

Prismatic Event Planning LLC

 Firm/Company

4585 Ponce De Leon Blvd

 Address

#716

 City/State and Zip Code

Coral Gables, FL 33146

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

For further information concerning this matter, please call:

Alissa Alvarado 305 798-4788
 _____ 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

_____ (I, _____, am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6052.

Carol Mustain
 Regulatory Specialist II

Letter Number: 415A00018159

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prismatic Event Planning LLC

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

ARTICLE II - Address:

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

Principal Office Address:

4585 Ponce De Leon Blvd #716
Coral Gables, FL. 33146

Mailing Address:

4585 Ponce De Leon Blvd #716
Coral Gables, FL. 33146

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:

Alissa Alvarado
Name

4585 Ponce De Leon #716
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables FL 33146
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..

Alissa Alvarado
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ALABAMA SEC. FLORIDA

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:

Alissa Alvarado

4585 Ponce De Leon Blvd #716

Coral Gables, FL. 33146

(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.

Alissa Alvarado

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)