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Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305) 774-9606
Fax Number : (305) 774-9660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: drbucko2000@yahoo.com

FLORIDA LIMITED LIABILITY CO.
BST EVENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

16 DEC -6 PM 3:31

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TALLAHASSEE, FLORIDA

H16000 298351

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
BST EVENTS, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

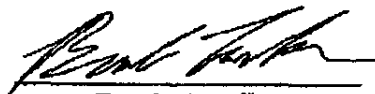
BST EVENTS, LLC

ARTICLE II - ADDRESS:

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

**9850 Scribner Lane
Wellington, FL 33414**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:



**Brock Tregellas
9850 Scribner Lane
Wellington, FL 33414**

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

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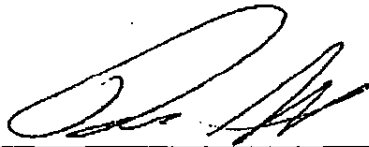
agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 605, F.S.

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: **NAME AND ADDRESS**

AMBR **ATTILA BUCKO**
 9850 Scribner Lane
 Wellington, FL 33414



Attila Bucko
Manager Member

(In accordance with section 605.0201 , Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

EFFECTIVE DAY: January 1, 2017

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