

L17000220521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

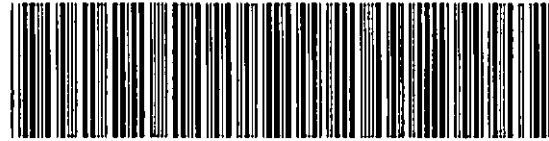
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/11/17--01007--011 **125.00

STATE OF FLORIDA
TALLAHASSEE

17 OCT 23 AM 9:38

W17-066361

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MIAMI EVENTS GROUP 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:

Quidio Diaz

Name of Person

MIAMI EVENTS GROUP LLC

Firm/Company

701 NE 73RD STREET

Address

MIAMI FL 33138

City/State and Zip Code

QVI@MIAMIEVENTSGROUP.COM

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

For further information concerning this matter, please call:

Quidio Diaz

Name of Person

at

954

Area Code

549-4280

Daytime Telephone Number

Enclosed is a check for the following amount:

Payment has already been received.



\$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2017

DAVID COHEN *** 2ND MAILING ***
4171 W. HILLSBORO BLVD., STE. 8
COCONUT CREEK, FL 33073

SUBJECT: MIAMI EVENTS GROUP LLC
Ref. Number: W17000066361

We have received your document for MIAMI EVENTS GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on January 26, 2012.

The document number of the name conflict is L12000012470.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 917A00016543

October 17, 2017

Department of State
Divisions of Corporations
PO Box 6327
Tallahassee FL 32314

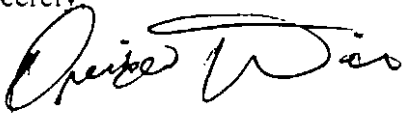
Re: MIAMI EVENTS GROUP LLC

To whom it may concern:

Please be advised that I, Ovidio Diaz, have no plans to reinstate this company but would like the Articles of Organization processed on as soon as possible. I understand the effective date will be for year 2017.

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 954-549-4280

Sincerely,

A handwritten signature in black ink, appearing to read "Ovidio Diaz", with a stylized flourish at the end.

Ovidio Diaz
Ovi@Miamieventsgroup.com
954-549-4280

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIAMI EVENTS GROUP LLC

(Must contain 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:

701 NE 73RD STREET
MIAMI FL 33138

Mailing Address:

701 NE 73RD STREET
MIAMI FL 33138

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:

DAVID J COHEN

Name

4171 W HILLSBORO BLVD, STE 8

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

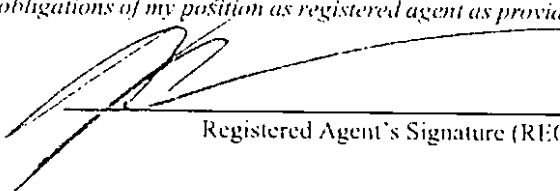
COCONUT CREEK FL 33073

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)

17 OCT 23 AM 9:32
SEC. OF STATE
TALLAHASSEE FL 32300

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:

ODIAZ CORP

3750 NW 28TH STREET #417

MIAMI FL 33142

(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.

Ovidio Diaz

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)

17 OCT 23 AM 9:38
STATE
TALLAHASSEE FLORIDA