

L200000 39551

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(Address)

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(Business Entity Name)

(Document Number)

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C RICO  
JAN 15 2020

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JAN 15 PM 5:46

January 8, 2020

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

**Re: MIAMI EVENTS GROUP LLC**  
**Document Number: L17000220521**

To whom it may concern:

Please be advised that we have no plans to retroactively reinstate this company and are releasing the name Miami Events Group LLC. We would like the enclosed Articles of Organization and check #1143 processed on as soon as possible and updated on Sunbiz.org. We do understand that the effective date, once processed, will be for 2020.

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,



Ovidio Diaz,  
Odiaz Corp  
954-549-4280

**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:

OVIDIO DIAZ  
\_\_\_\_\_  
Name of Person

ODIAZ CORP  
\_\_\_\_\_  
Firm/Company

3750 NW 28TH STREET #415  
\_\_\_\_\_  
Address

MIAMI FL 33142  
\_\_\_\_\_  
City/State and Zip Code

DCOHEN@SOUTHFLORIDATAXES.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OVIDIO DIAZ                      954                      549-4280  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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:

3750 NW 28TH STREET #415

MIAMI FL 33142

Mailing Address:

3750 NW 28TH STREET #415

MIAMI FL 33142

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

2151 W HILLSBORO BLVD, STE 206

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

DEERFIELD BEACH

FL

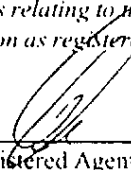
33442

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JAN 15 PM 5:46

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

DIRECTOR

ODIAZ CORP  
3750 NW 28TH STREET #415  
MIAMI FL 33142

DIRECTOR

FERMIN PEREZ  
3750 NW 28TH STREET #415  
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.

Ouidio 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)