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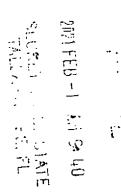
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Office Use Only



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11. 2/2/21

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Kay DECOR 4 EVENTS W. 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:
Kaluna Davis Name of Person
Kay Decor and Events Firm/Company
P.O. BOX 181133 Tallahassee, FL. 32318
City/State and Zip Code Lady Kay to Rever a gmail. Com Il-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kaluna Davi S at (850) 901-3653 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) ☐S160.00 Filing Fee. 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 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:		2021 FEB -	-1 Ah 9= 40
(Must contain the words "Limited Li	L EVENT S ability Company, "L.L.	LLC . RECT	A STATE Titt ae, Fl
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liab	ility Company is:	
Principal Office Address:		Mailing Address:	
5431 Wayer Valley Courtainable, FL. B2303	37 jane		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration	Registered Agent, You	Signature: must designate an individual	or
The name and the Florida street address of the registered	agent are: DMS Name		
1/ 10: 1	er Valley (P.O. Box NOT, ascep		
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 turther 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:

"AMBR" = Authorized Member		
"MGR" + Manager		
WOK - Manager		
	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	_ _ ·-
•		 <u>:</u>
(Use attachment if necessary)	$\frac{1}{2}$	P
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Filing Fees:

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