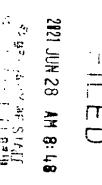
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Latin Flair Events 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:	
Merudes Feris	
Name of reison:	
Latin Flair Events	
Firm/Company ===	
232 Coral Dr SW	
Address	
Fort Walton Beach, FL 32548	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: $\frac{1}{2} = \frac{1}{2}$	
Merudes Feris a1 512 , 5878136 ====================================	Γ
Name of Person Area Code Daytime Telephone Number	C
∞	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy Contribute Copy Contr	
remaining balance (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Street Address	
New Filing Section New Filing Section Division	
Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810	

Tallahassee, Fl. 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Latin Flair Events, (Must contain the words "Limited Liability Comp		
ARTICLE H - Address: The mailing address and street address of the principal office of the Lin	imited Liability Company is:	
Principal Office Address:	Mailing Address:	
Fort Walfor Beach, FL 32548	same as principal	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Merce destrict Name	gent. You must designate an individual or 22 25 20 20 20 20 20 20 20 20 20 20 20 20 20	
m familiar with and accept the obligations of my position as registered a		,

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Mercedes For Walton Beach	2 ris , FL 32548	_ _ _
			- -
(Use attachment if necessary)		. <u>^</u>	
RTICLE V: Effective date, if other than the date f an effective date is listed, the date must be space date of filing.) Note: If the date inserted in this block does not	pecific and cannot be more than five	e business days prior to 📻	~
he document's effective date on the Department		1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	П
RTICLE VI: Other provisions, if any.		6.53 6.53 6.53 6.53 6.53 6.53 6.53 6.53	0
		9	
This document is execu I am aware that any fals	ember or an authorized representated in accordance with section 605.0 e information submitted in a docume felony as provided for in s.817.15	0203 (1) (b), Florida Statutes ent to the Department of State	
Merc			

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)