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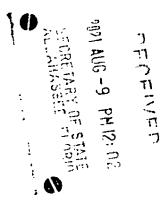
(Fi	Requestor's Name)	
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PICK-UP	MAIT	MAIL
(E	Business Entity Name	e)
(C	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions t	o Filing Officer:	

Office Use Only



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2021 At 3 - 9 PH 12: 48

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marie Riou Name of Person
Name of Person
Firm/Company
3551 5. Blairstone Rd. Site 08/B0x 128
Address
Tallahaisee, FL 32301
Tallahaisee FL 3230/ City/State and Zip Code mprevents fally Dgmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marc Riov at (850, 980-3106
Name of Person Area Code Daytime Telephone Number
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 & 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
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:

MPR Events 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: Mailing Address: Sama as Mailing 3551 S. Blaintone Rd. Swite 128 Gex 128 Talahassee, FZ 32301
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 agont are: Core (iou)
Name
1613 Norwoodlane
Florida street address (P.O. Box <u>NOT</u> acceptable)
Tallahassee PZ 32312
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)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Marie Riou 3551 J. Blairstone Rd. Suite 128, Box 128
	20/1 (41.)
	9
	-9 Pi 12: 1,8
(Use attachment if necessary)	89
LEV: Effective date, if other than the d effective date is listed, the date must be	late of filing:
e of filing.) If the date inserted in this block does not nument's effective date on the Departme	ent of State's records.
e of filing.) If the date inserted in this block does not tument's effective date on the Departme	ent of State's records.
e of filing.)	ant of State's records.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)