Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAMADRID FINANCIAL SERVICES CORP Account Name

Account Number : 120200000059 : (954)727-9771 Phone : (954)727-9773 Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: 1000

FLORIDA LIMITED LIABILITY CO. FLOW EVENTS GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

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Help

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COVER LETTER

TO:	New Filing Section Division of Corporations		
erib ii	FLOW EVENTS GROUP LI	LC	
SUBJI		ne of Limited Liability Company	
The en	oclosed Articles of Organization and	fee(s) are submitted for filing.	
Please	return all correspondence concerning	g this matter to the following:	
	MARIA ROSA FOLCH LLAU	JRADO	
		Name of Person	
	FLOW EVENTS GROUP LLC	3	
		Firm/Company	
	410 MERIDIAN AVE UNIT 8	1	HASS HASS HELL I
		Address	20 3
	MIAMI BEACH, FL 33139		or STA
		City/State and Zip Code	TATE
	rosafolchlaurado@gmail.com	be used for future annual report notification)	
10 f al		•	
For furth	her information concerning this matte	ਨ, please call:	
	MARIA ROSA FOLCH	305 7219849 at ()	
	Name of Person	Area Code Daytime Telephone Num	ber
Enclos	ed is a check for the following amou	at.	
_	_		P1/0 00 P11 P
Ц\$1 2.	5.00 Filing Fee == \$130.00 Filin Certificate of St	tatus Certified Copy Ce (additional copy is enclosed) Ce	\$160.00 Filing Fee, ertificate of Status & rtified Copy itional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section	New Filing Section Division	
	Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suit	e 810
	Tallahassee, FL 32314	Tallahassee, FL 32303	. 510

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLOW 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:

Mailing Address:

410 MERIDIAN AVENUE UNIT 8

MIAMI BEACH, FL 33139

410 MERIDIAN AVENUE UNIT 8 MIAMI BEACH, FL 33139

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:

LAMADRID FINANCIAL SERVICES CORP

Name

1265 S PINE ISLAND RD

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

PLANTATION FI

33324

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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 dulies, and 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)

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	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR MARI	A ROSA FOLCH LLAURADO	_
<u>M VIP</u> M A TM	ERIDIAN AVENUE UNIT 8 II BEACH, FL 33139	_
INTIFLIT	(Daily 11, (L 55 15 7	_
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(Use attachment if necessary)		
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LE V: Effective date, if other than the date of filing: 0.	3/15/2022 (OPTIONAL) 🥽	D 🖺
LE V: Effective date, if other than the date of filing: 0. ffective date is listed, the date must be specific and c	annot be more than five business days prior to ox.9	0 day
of filing.)	3	
If the date inserted in this block does not meet the app	olicable statutory filing requirements, this date will me	at be ।ह्य
ument's effective date on the Department of State's re	ecords.	D
LE VI: Other provisions, if any.	ָּרָ י	
	D:	<u> </u>
		
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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.

MARIA ROSA FOLCH LLAURADO

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)

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