

L22000483149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

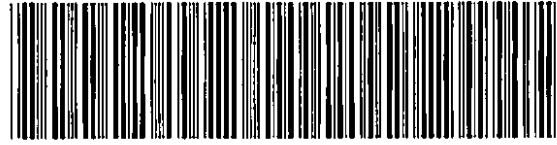
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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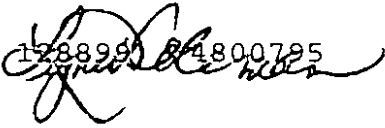
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S. CHATHAM
NOV 15 2022

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 NOV 14 PM 2:43

2022 NOV 14 AM 11:39

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 128899-004800795
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : November 10, 2022
ORDER TIME : 7:44 AM
ORDER NO. : 128899-005
CUSTOMER NO: 4800795

DOMESTIC FILING

NAME: ABSOLUTE DJS & EVENTS GROUP
FL, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION

ABSOLUTE DJs & EVENTS GROUP FL, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABSOLUTE DJs & EVENTS GROUP FL, 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:

Absolute DJs & Events Group FL, LLC
2000 SE Via Tesoro
Port St. Lucie, FL 34984

Absolute DJs & Events Group FL, LLC
2000 SE Via Tesoro
Port St. Lucie, FL 34984

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32301
City State Zip

FILED
Division of Corporations
2012 NOV 14 PM 2:13

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..

Corporation Service Company
By: Alexis Whitlock, assistant va president
Registered Agent's Signature (REQUIRED)

(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:

AMBR

Jonathan Suarez
1703 Dolphin Lane
Holbrook, NY 11741

AMBR

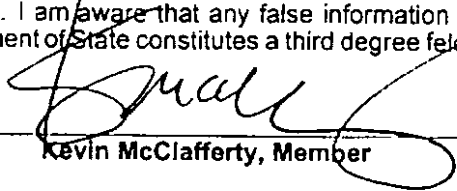
Kevin McCafferty
373 Twilight Lane
Smithtown, NY 11787

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Division of Corporate Services
11-11

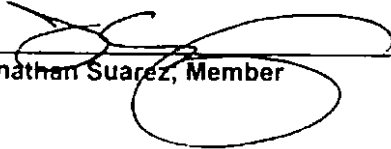
ARTICLE V: The effective date of the Limited Liability Company shall be the date of the filing of these Articles of Organization.

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.



Kevin McCafferty, Member



Jonathan Suarez, Member