

L23000143183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

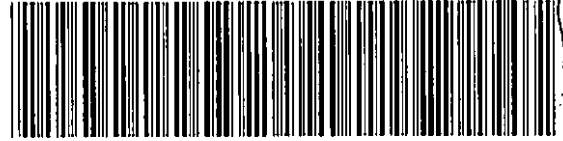
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900404131649

*[Handwritten signature]*  
3/30/23

FILED  
2023 MAR -9 PM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: DAZEZ Xquisite Events LLC  
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:

Daisy M. Johnson  
Name of Person

\_\_\_\_\_  
Firm/Company

13021 Brown Bark Trail  
Address

Clermont, FL 34711  
City/State and Zip Code

kayladaisy@embargmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daisy Johnson at (352) 874-4348  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
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

SECRETARY OF STATE  
TALLAHASSEE, FL

2003 MAR -9 PM 11:48

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DazeZ Xquisite Events, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13021 Brown Bark Trail  
Clermont, FL 34711

Mailing Address:

13021 Brown Bark Trail  
Clermont, FL 34711

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:

Daisy Johnson

Name

13021 Brown Bark Trail

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

Clermont FL 34711

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.

Daisy Johnson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2023 MAR -9 PM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Tonya R. Green  
281 Oakview Drive  
Tallahassee, FL 32305

AMBR

Katrina Sinclair - Adams  
3359 Zillah Street  
Tallahassee, FL 32305

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE

Daisy Johnson

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.

Daisy Johnson  
Typed or printed name of signee

Filing Fees:

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

\$ 33.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2023 MAR -9 PM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED