

123000325095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

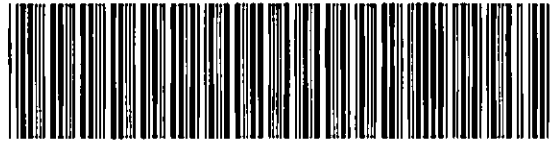
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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*[Handwritten signature]*  
7/11/23

07/11/23--01003--019 \*\*160.00

**FILED**

2023 JUL 11 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE, FL



2023 JUL 11 AM 11:24

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: X/XXI Events of Columbia 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:

LaQuisha Rera Robinson  
Name of Person

X/XXI Events of Columbia LLC  
Firm/Company

820 E. Park Ave, Bldg B  
Address

Tallahassee, FL 32301  
City/State and Zip Code

621 Columbia @g  
E-mail address: (to be use

For further information concerning this matter, please

Rera Robinson at ( )  
Name of Person A

~~12-09-2022~~  
85-3389542

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &  
Certificate of Status

Fee,  
is &

(closed)

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

2023 JUN 11 AM 7:53

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

X/XXI Events of Columbia 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:

820 E. Park Ave  
Bldg B  
Tallahassee, FL 32301

Mailing Address:

820 E Park Ave  
Bldg B  
Tallahassee, FL 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 agent are:

LaQuisha Rene Robinson  
Name

820 E. Park Ave, Bldg B  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee, FL 32301  
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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Jessica Rwh  
1006 Sayers Drive  
Tallahassee, FL 32305

AMBR

LaQuisha Rene Robinson  
8705 Wakulla Spring Road  
Tallahassee, FL 32306

(Use attachment if necessary)

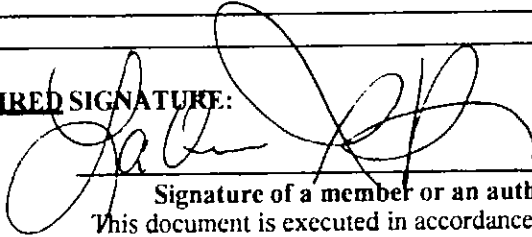
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**



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 §.817.155, F.S.

LaQuisha Rene Robinson  
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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TALLAHASSEE, FL

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