

L23000397737 p.2

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

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**** **RESUBMIT** ****

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DROPSOFJUPITERMADE@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

Artist Alley Collective LLC

**Artist Alley Collective
Events LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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August 22, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: ARTIST ALLEY COLLECTIVE LLC
REF: W23000114668

We received your online transmitted document. However, the document has not been filed for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Crystal S Hightower
Regulatory Specialist II
CoT

FAX Aud. #: H23000289911
Letter Number: 523A00019505

H23000289911

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Artist Alley Collective Events LLC

(Must end with 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:215 Wandering Trail
Jupiter, FL 33458215 Wandering Trail
Jupiter, FL 33458

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:

Tiffany Tesaro

Name

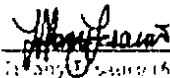
215 Wandering TrailFlorida street address (P.O. Box **NOT** acceptable)Jupiter

City

FL 33458

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)

Tiffany Tesaro

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Tiffany Tesauro

215 Wandering Trail

Jupiter, FL 33458

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

[Signature]

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Tiffany Tesauro

Typed or printed name of signee