

L23000 560648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

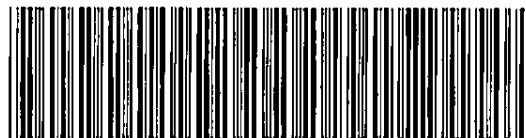
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400420333384

07.39 - 08.00 - 07.46.00

FILED  
2023 DEC 28 PM 12:15  
FBI - ALBUQUERQUE

RECEIVED  
2023 DEC 28 PM 12:07  
NATIONAL ARCHIVES  
COLLIER COUNTY, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 850 Event Lounge 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:

Ricardo Phillips  
Name of Person

850 Event Lounge LLC  
Firm/Company

S3 Beal Pkwy SE  
Address

Fort Walton Beach FL 32548  
City/State and Zip Code

850EventLounge@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo Phillips at ( 321 ) 274 2660  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B50 Event Lounge 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:

53 Beal Pkwy SE  
Fort Walton Beach  
FL 32548

Mailing Address:

53 Beal Pkwy SE  
Fort Walton Beach  
FL 32548

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.)

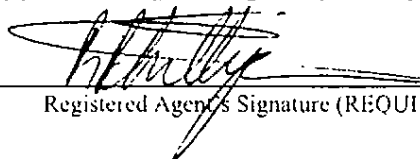
The name and the Florida street address of the registered agent are:

Ricardo Phillips  
Name

53 Beal Pkwy SE  
Florida street address (P.O. Box ~~NOT~~ acceptable)

Fort Walton Beach FL 32548  
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..

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2023 DEC 28 PM 12:15  
2023/12/28

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_  
MGR

\_\_\_\_\_  
\_\_\_\_\_  
Ricardo Phillips  
906 Colonial Dr unit 6  
Fort Walter Beach FL 32547

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

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

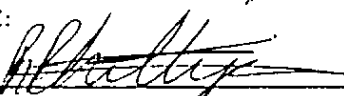
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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 s.817.155, F.S.

Ricardo Phillips  
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)