

L12000045844

Florida Department of State  
Division of Corporations  
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((H12000084849 3))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.

CASCOVER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
12 APR -3 PM 12:47  
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12 APR -3 AM 7:18  
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TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

B. BOSTICK  
APR - 4 2012  
EXAMINER

412000084849

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

CASEOVER, 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:

8855 COLLINS AVENUE, APT. 6-G

SAME

SURFSIDE, FL 33154

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

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

SCOTT SILVERMAN

Name

8855 COLLINS AVENUE, APT. 6-G

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

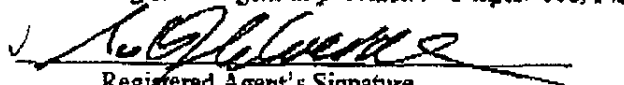
SURFSIDE, FL 33154

City, State and Zip

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*Having been named as registered agent and to accept service to process for the above stated liability company of 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 in Chapter 608, F.S.*

  
Registered Agent's Signature

(CONTINUED)

412000084849

**ARTICLE IV - Manager(s) of Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

SCOTT SILVERMAN

8855 COLLINS AVENUE, APT. 6-G

SURFSIDE, FL 33154

MGRM

MGRM

MGRM

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

  
Signature of member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SCOTT SILVERMAN

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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April 3, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: CASEOVER, LLC  
REF: W12000018404

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

FAX Aud. #: H12000084849  
Letter Number: 612A00010823

P.O BOX 6327 - Tallahassee, Florida 32314