

L08000046564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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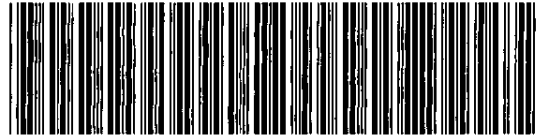
(Business Entity Name)

(Document Number)

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08 MAY - 8 AM 11:25

J. BRYAN

MAY - 9 2008

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TOOTH & BONE, 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:

**Benjamin P. Shenkman, Esq.**  
(Name of Person)

**Benjamin P. Shenkman, P.A.**  
(Firm/Company)

**2160 W. Atlantic Ave., 2nd Floor**  
(Address)

**Delray Beach, FL 33445**  
(City/State and Zip Code)

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For further information concerning this matter, please call:

**Benjamin P. Shenkman** at ( **561** ) **274-6488**  
(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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
FOR  
TOOTH & BONE, LLC**

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ARTICLE I – Name

The name of the Limited Liability Company is: TOOTH & BONE, LLC.

ARTICLE II – Address

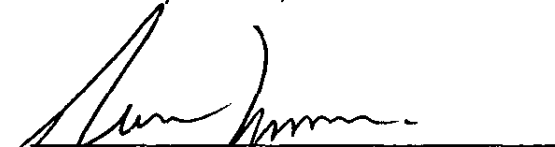
The mailing address and street address of the principal office of the Limited Liability Company is: 2238 West Atlantic Avenue, Delray Beach, FL 33445.

ARTICLE III – Registered Agent,  
Registered Office, and Registered Agent's Signature

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

Michael Tramontana  
2238 West Atlantic Avenue  
Delray Beach, FL 33445

*Having been named as registered agent 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 608, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

ARTICLE IV – Managing Members

The Limited Liability Company is to be managed by its members. The name and address of each Managing Member is as follows:

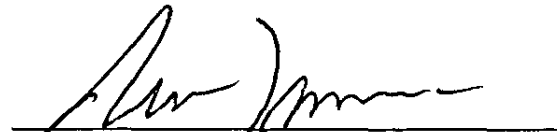
Michael Tramontana	2238 West Atlantic Avenue Delray Beach, FL 33445
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Michael Scharmatt	6256 N.W. 24th Street Boca Raton, FL 33434
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IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledged them to be my act this 1 day of May, 2008.

(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)

Signature of a Member:

  
Michael Tramontana

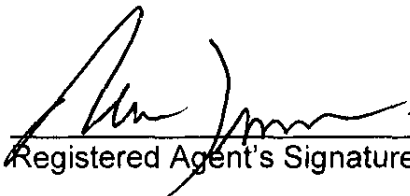
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF Florida.

1. The name of the Limited Liability Company is:  
  
TOOTH & BONE, LLC
  
2. The name and the Florida street address of the registered agent are:  
  
Michael Tramontana  
2238 West Atlantic Avenue  
Delray Beach, FL 33445

*Having been named as registered agent 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 608, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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