

Division of Corporations

L000000001360

Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000005910 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)922-4003

From:

Account Name : MASTRIANA & CHRISTIANSEN, P.A.  
Account Number : I19990000141  
Phone : (954)566-1234  
Fax Number : (954)566-1592

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB -7 AM 1:47

FILED

LIMITED LIABILITY COMPANY

Virtual Surfer Dude, LLC

mt  
2/7

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

RECEIVED

00 FEB -7 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

((H00000005910 5)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Virtual Surfer Dude, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**2805 E. Oakland Park Boulevard, #114  
Fort Lauderdale, Florida 33306-1813**

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

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

**Stephen V. Hoffman, Mastriana and Christiansen, PA**

Name

**1500 N. Federal Highway, Ste. 200**

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

**Ft. Lauderdale FL 33304**

City, State, and 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 608, F.S.*

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

FILED  
FEB - 7 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

\_\_\_\_\_  
Signature of a 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.)

**RAY READER**  
\_\_\_\_\_  
Typed or printed name of signer

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

((H00000005910 5)))