# orida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

# LIMITED LIABILITY COMPANY

# bobyker, llc

Certificate of Status	0
Certified Copy	. 1
Page Count	02
Estimated Charge	\$155.00

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### BOBYKER, LLC

#### ARTICLE II - Address:

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

321 Jefferson Street, 2<sup>nd</sup> Floor Hollywood, FL 33019

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

MARK F. ROUSSO, ESO.

Name

18851 N.E. 29th Avenue, Suite 900

Avenue, FL 33180

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 108, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by the members and is, therefore, a member managed company.

The Managers are:

Manuel Grosskopf Walter Fischer

Daisy M. Sotolongo

Signature of a member or an authorized representative of a member of the party M. Safalastics

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

Manuel Grosskonf

Typed or printed name of signee

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