

LO3 0000 40426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

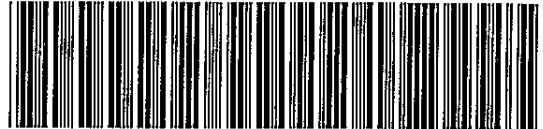
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03 OCT 13 AM 10:03
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AQUA BOIZ, 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:

VINCENT S. MICICH
(Name of Person)

AQUA BOIZ
(Firm/Company)

1919 VAN BUREN ST #617
(Address)

HOLLY WOOD, FLORIDA 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

VINCENT MICICH at 305 297-6878 CELL
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 13 AM 10:03

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Vincent Micich

AquaBoiz, LLC

**1919 Van Buren Street #617
Hollywood, Florida 33020**

**954-920-2531 office
305-297-6878 cell**

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AQUABOIZ, LLC

ARTICLE II - Address:

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

Principal Office Address:

1919 VAN BUREN ST #617
HOLLYWOOD, FL 33020

Mailing Address:

1919 VAN BUREN ST #617
HOLLYWOOD, FL 33020

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

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

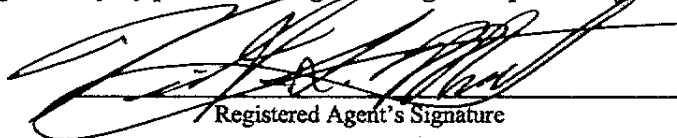
VINCENT S. MICICH
Name

1919 VAN BUREN ST #617
Florida street address (P.O. Box **NOT** acceptable)

HOLLYWOOD, FL 33020
City, State, and Zip

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03 OCT 13 AM 10:03
TALLAHASSEE, FLORIDA

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

STEVE A. HOWELL
1919 VAN BUREN ST #617
HOLLY WOOD, FL 33020

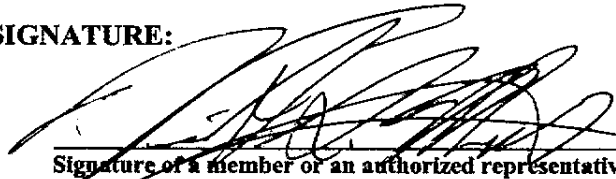
MGRM

VINCENT S. MICICH
1919 VAN BUREN ST #617
HOLLY WOOD, FL 33020

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

VINCENT S. MICICH

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)

SECTION 608.408(3), FLORIDA STATUTES
TALLAHASSEE, FLORIDA

03 OCT 13 AM 10:03

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