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	(Request	or's Name)	
	(Address)	
	(Address))	
	(City/Stat	e/Zip/Phone	#)
PICK-UP	· [] WAIT	MAIL
	(Business	s Entity Nam	e)
	(Docume	nt Number)	
Certified Copies		Certificates	of Status
Special Instructions	to Filing	Officer:	
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TRANSMITTAL LETTER

Divisi	on of Corporations		
			*
SUBJECT:	Gotta Bounce, I	LC	Lead of the lead o
	(Name of Limited Lia	ability Company)	
	,		
		to a few fills	en e
The enclosed A	Articles of Organization and fee(s) are subm	ined for filing.	1 (1) (1) (1) (1) (1) (1) (1) (1)
	Please return all correspondence c	oncerning this matter to the following:	
	Heidi	A. Eagle	
	(Name	e of Person)	
	Gotta B	ounce, LLC	
2411	(Firm	/Company)	
	940 NV	V 202 Terrace	-
•	(A	ddress)	
			5
	Pembroke	Pines, FL 330 29	CREJ MAR
		and Zip Code)	≥ .
		• ,	8
For further info	ormation concerning this matter, please call:		OF STATE
	Heidi A. Eagle at (954 \ 447-4506	- 5 3 ₹
***	(Name of Person)	(Area Code & Daytime Telephone Number)	<u> </u>

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

TO:

Registration Section

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

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	The state of the s
Gotta Bounce, LLC	A STATE OF THE STA
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
940 NW 202 Terrace	940 NW 202 Terrace
Pembroke Pines, FL 33029	Pembroke Pines, FL 33029
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist	ice, & Registered Agent's Signature:
Michael J. Eagle	7: 43
Name	٠ <u>٠</u>
940 NW 202 Terra	ce
Florida street address (P.O. Box	x NOT acceptable)
Pembroke Pines,	
City, State, and Zi	p

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE I	V-	Manage	er(s)	or	Managing .	Member(s):

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

<u>Title:</u>	Name and Address:	- 13
"MGR" = Manager		- T-
"MGRM" = Managing Member		
MGRM	Heidi A. Eagle	
	940 NW 202 Terrace	·- -
	Pembroke Pines, FL 33029	:: :::
MGRM	Michael J. Eagle	:**
	940 NW 202 Terrace	
	Pembroke Pines, FL 33029	
	1 6/10/000 1 11/03, 1 12 00023	
		
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(Use attachment if necessary)		
(Ose attachment if necessary)		3
		7: \ 3
NOTE: An additional article	must be added if an effective date is requested.	చ్
1101E. An additional article	must be added it all effective date is requested.	
REQUIRED SIGNATURE:	·-	-
ide Quincip signature.		
المح	idi a. Za - Xx	
Signature of a membe	r or an authorized representative of a member.	•
	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)	
	Heidi A Fagle	

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)

Typed or printed name of signee