

60400007357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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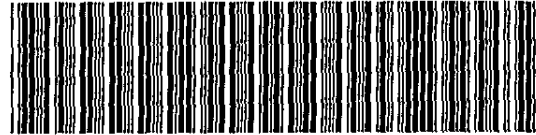
Certificates of Status

Special Instructions to Filing Officer:

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Florida

Transmittal Letter

**To: Registration Section
Division of Corporations**

Name of Company: Boobear Enterprise, LLC

The enclosed Articles Of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following :

Name: Katrina Bowen
Company/Firm: Hidden Treasures Tax and Credit Emporium
Address: 2331 N. State Road 7, Suite 210
City, State and Zip Code: Lauderhill, FL 33313

For further information concerning this matter, please call:

Name of Person: Katrina Bowen
Telephone Number: (954) 485-7090

**Filing Fees: \$100.00 Articles of Organization
\$25.00 Designation of Registered Agent
\$ 5.00 Certificate of Status**

Total: \$130.00

**Articles Of Organization
For
Florida Limited Liability Company**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Boobear Enterprise, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2940 NW 25th Street
Ft. Lauderdale, FL 33311

Article III - Registered Agent, Registered Office & Registered Agent Signature:

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

Name: **Dameon L. Wilson**
Street Address: **2940 NW 25th Street**
City, State and Zip: **Ft. Lauderdale, FL 33311**

FILED
TALLAHASSEE, FLORIDA

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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 and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Dameon L. Wilson

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

**Dameon Wilson
2940 NW 25th Street
Ft. Lauderdale, FL 33311**

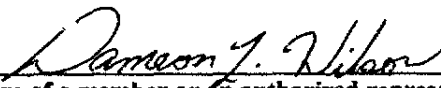
MGR

**Natasha Wilson
2940 NW 25th Street
Ft. Lauderdale, FL 33311**

MGRM

**Ruby Wilson
3641 NW 7th Court
Ft. Lauderdale, FL 33311**

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 the document constitutes an affirmation under the penalties of perjury that the facts herein are true.)

**Dameon L. Wilson
Typed or printed name of signee**

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