

03 Nov 2004 13:27

A1#CORPORATE SERVICES

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p. 1

Division of Corporations

Página 1 de 1

L04000079958

Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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(((H04000219539 3)))

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

Boomerang Kennel, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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J. BRYAN NOV - 4 2004

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11/3/2004

FILED
2004 NOV -3 AM 11:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2004 NOV -3 PM 1:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

H04000219539 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**In compliance with Chapter 608, F.S.****ARTICLE I NAME**

The name of the Limited Liability Company is:
Boomerang Kennel, LLC

ARTICLE II ADDRESS

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

6550 Beth Rd

Orlando, FL 32824

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

Aimee Kincaid

6550 Beth Rd.

Orlando Florida 32824

Having been named as registered agent 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.,


AIMEE KINCAID / Registered Agent

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PAGE 2 Boomerang Kennel, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more member and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

Managing Member:

Aimee Kincaid

6550 Beth Rd.

Orlando Florida 32824

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2004 NOV -3 AM 11:06
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA



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.

AIMEE KINCAID

Typed or printed name of signee

404000219539 3

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305)357-5775
Fax Number : (305)357-5534

LIMITED LIABILITY COMPANY

AQUA VISTA HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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J. BRYAN NOV - 4 2004

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AQUA VISTA HOLDINGS, LLC

ARTICLE II - Address:

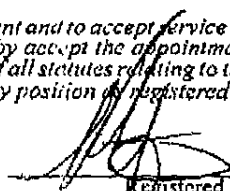
The mailing address and street address of the principal office of the Limited Liability Company are:

2200 South Dixie Highway, Suite 705
Miami, FL 33133**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

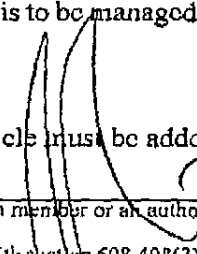
Ronald Fieldstone
Name201 Alhambra Circle, Suite 601
Florida street address (P.O. Box NOT acceptable)Coral Gables, FL 33134
City, State, and Zip

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**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.)

RENZO RENZI, Authorized Representative
Typed or printed name of signeeFILED
2004 NOV -3 AM 11:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA