Division of Corporations Public Access System

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Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I2000000146

Phone

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LIMITED LIABILITY COMPANY

NO-FOUR-PLAY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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	y is:	
NO-FOUR-PLAY, LLC		_
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
3145 NW 38 ST MIAMI FL 33142	SAME	
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Sign	nsture:
The name and the Florida street address of t	he registered agent are:	
SIDNEY	BOCHNAR	
No	ame	
3145 N	W 38 ST	
Florida stree	t address (P.O. Box NOT acceptable)	
МАМІ	FL 33142	
City, Sta	ate, and Zip	
registered agent and agree to got in this ca statutes relating to the proper and comple accept the obligations of my position as Registered A	d in this certificate, I hereby accept the approach to the process of the process of the performance of my duties, and I am fam registered agent as provided for in Chapte gent's Signature	pointment as provisions of all
(CONT	INUED)	10 Pm

Page 1 of 2

(((H05000052492)))

The name and address of each Man	ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	SIDNEY BOCHNAR
	3145 NW 38 ST
	MIAMI FL 33142
MGR	MICHAEL SINGER
	14700 SW 63 CT
	MIAMI FL 33158
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a mei	Ther or an authorized representative of a member,
of this document co	r section 508.408(3), Florida Statutes, the execution invitutes an affirmation under the panaltics of perjury ed herein are true.)
	SIDNEY BOCHNAR
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 36.06 Certified Copy (Optional)
\$ 5.06 Certificate of Status (Optional)