# 5000120358

(Requestor's Name)  (Address)	900062141359
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	12/15/05n1030n10 <b>**</b> 125.no
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### **COVER LETTER**

TO: Registration Section Division of Corpora				
SUBJECT: BOOT CA	MP ENTERPRI	SES, LLC		
	(Name of Limited		ıy)	
The enclosed Articles of Org	anization and fee(s) are su	bmitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
ALI WITHER	RSPOON			
	(N	ame of Person)	•	
BOOT CAME	PENTERPRISE	•		
:	(F	irm/Company)		
1604 SW 9 <sup>-</sup>	TH STREET			
		(Address)		
FORT LAU	DERDALE, FL	33312		
	(City/	State and Zip Code)	j	
For further information conc	erning this matter, please o	ali:		
ALI WITHERSPO	ON	at ( 954 )	931-111	2
(Name of Po	erson)	(Area Code	& Daytime Te	lephone Number)
Enclosed is a check for the	e following amount:			
\$125.00 Filing Fee Co	\$130.00 Filing Fee & ertificate of Status	\$155.00 Fill Certified Copy (additional copy is	t -	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Aailing Address Legistration Section Division of Corporations D.O. Box 6327 Callahassee, FL 32314	Registration Division of Clifton Boundary 2661 Exe	ourier Addression Section of Corporation uilding secutive Center ee, FL 32301	ns

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LE I	- Nam	e:
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The name of the Limited Liability Company is:

#### BOOT CAMP ENTERPRISES, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C,")

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
1604 SW 9TH STREET	1604 SW 9TH STREET
FORT LAUDERDALE, FL 33312	FORT LAUDERDALE, FL 33312

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

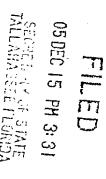
The name and the Florida street address of the registered agent are:

ALI WITHERSPOON	
Name	ne
1604 SW 9TH STREE	Τ΄ =
Florida street ac	iddress (P.O. Box NOT acceptable)
FORT LAUDERDALE,	FL 33312
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 (REQUIRED)

(CONTINUED)
Page 1 of 2



## ARTICLE'IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ALI WITHERSPOON  1604 SW 9TH STREET  FORT LAUDERDALE, FL 33312
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must I 90 days after the date of filing.)	e date of filing: (OPTIONAL be specific and cannot be more than five business days
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.)

ALI WITHERSPOON

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)