Division of Corporations

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

; (850)205-0383

From:

Account Name

: ROTESTEIN, ROSENFELDT, ADLER

Account Number : 072164000350

: (954)522-3456 : (954)527-8663 Fax Number

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### Mixx Martini, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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3/7/2006

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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Mixx Martini, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Christina M. Kitterman, Esq.	
(Name of Person)	
Rothstein Rosenfeldt Adler	
(Firm/Company)	
401 East Las Olas Boulevard, Suite 1650	
(Address)	
Fort Lauderdale, FL 33301	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Christina M. Kitterman, Esq. at (954 ) 315-7228  (Name of Person) (Area Code & Daytims Telephone Number)	•
(Name of Person) (Area Code & Daytims Telephone Number)	
Enclosed is a check for the following amount:	ري مين م
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certi	¥
Mailing Address  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street/Courler Address  Registration Section  Division of Corporations  Division of Corporations  Clifton Building  2661 Executive Center Circle	

Tallahassee, FL 32301

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ARTICLE I - Nan	ne:		
	imited Liability Compa	ny is:	
Mix Martini, LLC	ay indealy in the Comment	"Limited Company" or their abbreviation "LLC,"	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Must end with the words	s "Limited Liability Company,	"Limited Company or their appreviation LLDC,	or Live, j
ARTICLE II - Ad		the principal office of the Limited Lial	hility Come
I ne maiimg adores	ss and street address of	the bitterbar office of the Dimiteo Diag	omity Compa
Principal Office A	ddress:	Mailing Address:	
1701 Park Center Drive	9	65 NW 71st Street	
Orlando, FL 32835		Miami, FL 33150	<u> </u>
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address o	stered Office, & Registered Agent's an Registered Agent. You must designate an individual fithe registered agent are:	Signature:
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address o Rothstein Rosenfeldt A	stered Office, & Registered Agent's an Registered Agent. You must designate an individual fithe registered agent are:	Signature:
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address o Rothstein Rosenfeldt A	stered Office, & Registered Agent's an Registered Agent. You must designate an individent fithe registered agent are:  dier  Name	Signature:
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.)  Florida street address o Rothstein Rosenfeldt A 401 East Las Olas Bo	stered Office, & Registered Agent's an Registered Agent. You must designate an individent fithe registered agent are:  dier  Name	Signature:
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.)  Florida street address o Rothstein Rosenfeldt A 401 East Las Olas Bo	stered Office, & Registered Agent's an Registered Agent. You must designate an individing the registered agent are:  dler  Name  outlevard, Suite 1650	Signature:

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# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Andy Kostas 65 NW 71st Street Miami FL 33150 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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.)

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)

Page 2 of 2

Christina M. Kitter man Typed or printed name of signee