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**EFFECTIVE DATE**

04-28-06

06 MAY -4 AM 9:27

11000 FABRICE STATE  
DIVISION OF CORPORATIONS

B. McKnight MAY 15 2006

**COVER LETTER**

Registration Section  
Division of Corporations

SUBJECT: **CabanaBoys, LLC**

(Name of Limited Liability Company)

The enclosed Articles of Organization and for (e) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**barbara caprioni**

(Name of Person)

**CabanaBoys, LLC**

(Legal Company)

**1214 bayview way**

**Wellington, Florida 33414**

(City, State and Zip Code)

For further information concerning this matter, please call:

**barbara caprioni**

**561**

**333.3888**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

(Additional copy is enclosed)

(Additional copy is enclosed)

Home Address: Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Street/Carrier Address: Registration Section, Division of Corporations, CEDon Building, 2661 Executive Center Circle, Tallahassee, FL 32301

**ARTICLE I - ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**EFFECTIVE DATE**

CabanaBoys, 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:

1214 bayview way  
Wellington, florida 33414

1214 bayview way  
Wellington, florida 33414

**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 office Florida registration.)

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

barbara caproni

1214 bayview way

Florida street address (P.O. Box NOT acceptable)

Wellington, florida 33414 FL

City, State, and Zip

I have 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 laws 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.

*Barbara Caproni*

Registered Agent Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
APR 11 6 44 AM '27

**ARTICLE IV. Manager(s) or Managing Member(s):**

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

Title:	Name and Address:
MGR = Manager	
MGRM = Managing Member	
manager	Barry Caproni 1214 bayview way Wellington, Florida 33414
managing member	Barbara Caproni 1214 bayview way Wellington, Florida 33414

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: April 28, 2006 (OPTIONAL)**

(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 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Barbara Caproni

(Printed or printed name of signor)

Print Name:

§12.000 Filing Fee for Articles of Organization and Designation

§12.000 of Registered Agent

§12.000 Certified Copy (Optional)

§12.000 Certified Copy of Statute (Optional)

06 MAY -4 AM 9: 27  
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