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September 22, 2006

VIA US MAIL

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Mixeritup, L.L.C. Articles of Organization

Dear Sir/Madame:

Please find enclosed:

- The original Transmittal Letter;
- 2. One (1) original of Articles of Organization Mixeritup, L.L.C.;
- 3. One (1) check in the amount of one hundred and sixty dollars (\$160.00) to cover the filing fee and to obtain a certified copy of the Articles of Organization and Certificate of Status.

Please file the aforementioned and provide a filed copy to me along with any other information that you provide to members/managers of newly formed Florida LLC's.

If you should have any questions and/or concerns, please do not hesitate to contact me directly.

Sincerely,

Tom Komninos

COVER LETTER

TO: Registration Se Division of Co.			
SUBJECT: Mixerito	up, L.L.C. (Name of Limited	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Janelle We	hmeyer		
	(1	Name of Person)	
Mixeritup, l	L.C.		
	(Firm/Company)	
10106 Ber	nbrook Court		
		(Address)	
Tampa, Fl	L. 33615		
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Janelle Wehmey	er	at (813) 679-657	6
(Name	of Person)	at (813) 679-6576 (Area Code & Daytime Telephone Number)	
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company,"	Limited Company" or their abbreviation "LLC	C," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
Mixeritup L.L.C. 10106 Bin Brook Court Tampa FL. 33815	Same	
10/06 Berby Florida stre	Registered Agent. You must designate an indiv	es Signature: vidual or another Vidual or ALLAHASSEE, FLORIDA

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

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

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

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)