

L-06000097142

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

DIVISION OF CORPORATIONS

06 OCT -4 PM 1:36

RECEIVED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

finestdime, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN

OCT - 5 2006

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ARTICLES OF ORGANIZATION

ARTICLE I

The name of the Limited Liability Company is:

FinestDime, LLC

ARTICLE II

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

2705 Lake Way
Cooper City, Fl. 33026

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

Any all legal purposes, including internet promotions.

ARTICLE IV

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

SCOTT JACOBS
2705 Lake Way
Cooper City, Fl. 33026

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SECRETARY OF CORPORATIONS
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Bergman & Jacobs, P.A.

2001 HOLLYWOOD BOULEVARD, SUITE 200, HOLLYWOOD, FLORIDA 33020

How 000243937

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.

Registered Agent Signature:

Scott Jacobs
SCOTT JACOBS

ARTICLE V

The name and address of managing members/ managers are:

SCOTT JACOBS- Manager
2705 Lake Way
Cooper City, FL 33026

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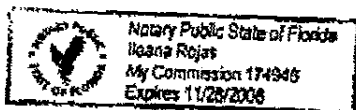
DATED THIS 4 DAY OF October, 2006.

SIGNATURE OF MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

Scott Jacobs
SCOTT JACOBS

STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 4 day of October, 2006, by SCOTT JACOBS. He/She (X) is personally known to me; or () has produced _____ as identification.



Neane Rojas
NOTARY PUBLIC, STATE OF FLORIDA
Print Name:
Commission Number:

How 0000243937

Bergman & Jacobs, P.A.

2000 HOLLYWOOD BOULEVARD, SUITE 200, HOLLYWOOD, FLORIDA 33020