LOW 13782

· (Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: Them E	Boys Go Hard LLC			
	(Name of Limite	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Azimeye Al	ou			
		Name of Person)		
				2006
	(Firm/Company)		2006 NOV 27 AM 7: 48
12014 N F	Sala Mahni LIMV Si	site 244		0F C
13014 N. L	Dale Mabry HWY Su	(Address)		
		(1 :
Tampa, FL	· · · · · · · · · · · · · · · · · · ·			7: 48
	(City.	/State and Zip Code)		•
For further information	concerning this matter, please	call:		
Azimeye Abu		at (352.) 246-7437	7	
(Name	of Person)	(Area Code & Daytime To	elephone 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 Certificate of Status Certified Copy (additional copy is enclosed)	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres 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:			
Them Boys Go Hard LLC			
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Co	mpar	ny is:
Principal Office Address:	Mailing Address:		
13014 N. Dale Mabry HWY Suite 244	13014 N. Date Mabry HWY Suite 244		
Tampa, FL. 33618	Tampa, FL. 33618	_	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)			
The name and the Florida street address of the n	egistered agent are:	2006 NOV 27	DIVIS
Azìmeye Abu		₹ E	ORE CRE
Name		27	PARY CC PARY FILL
13014 N. Dale Mabry HWY	Suite 244	4	7.P.Q.
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	7:	Y OF STATE
Tampa, FL. 33618	FL .	7:48	NON TE
City, State, a	nd Zip	-	'n .

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:

"MGRM" = Managing Member	Name and Address:	
MGRM	Azimeye Abu	
	13014 N. Dale Mabry HWY Suite 244	
	Tampa, FL. 33618	<u>-</u>
MGRM	William Jennings	_≃
	2501 NW 6th St Apt 4	_ 꽃
	Gainesville, FL. 32609	2006 NOV 27
		-
		- 3
		_
(Uu lance 'Carraya		-
(Use attachment if necessary)		
LE V: Effective date, if other than the	he date of filing:(OPTIC be specific and cannot be more than five business	ONA day
CLE V: Effective date, if other than the frective date is listed, the date musted days after the date of filing.)	he date of filing:	ONA day
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	he date of filing: (OPTICE be specific and cannot be more than five business	ONA day
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with	aber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penaltics of perjury	ONA day

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)