# L0000119884

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officar:				





500082268005

12/05/06--01034--015 \*\*160.00

WHO 52753

OS DEC -5 PM 2: 09
SECHELANIS OF STATE



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2006

GLYSS MERELUS 1669 SW 158 AVE PEMBROKE PINES, FL 33027

SUBJECT: POWER BOY MANAGEMENT GROUP LLC

Ref. Number: W06000052703

We have received your document for POWER BOY MANAGEMENT GROUP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod Document Specialist

Letter Number: 306A00069874

# **COVER LETTER**

	Mailing Address	Street/Courier Address	
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	or the following amount:		_/
(Name	e of Person)	at (239) 384 (Area Code & Daytime Te	lephone Number)
CINCO	MEDELLO	279 2011	-2560
For further information	concerning this matter, please	call:	
	(City	/State and Zip Code)	
PEMBR	OKE PINE	S, FL 330 /State and Zip Code)	27
_		(Address)	
1669	SW 158	AVE	
	(	Firm/Company)	
POWER	2 BOY MANA	CEMENT CR Firm/Company)	LOUP
	GLYS	SS MERELU Name of Person)	S
Please return all corresp	condence concerning this matte	er to the following:	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
	(Ivanie of Diffic	d Elabinty Company)	
SUBJECT: YOU	NER BOY	d Liability Company)	NT GROUP LL
Q <sub>a</sub>	150 Day	a. la a TME	Alto a Day D
TO: Registration Solution of Co			

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street/Courier Address Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

POWER BOY MANAGEMENT GROUP	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 Lia	ability Comp	any is:
Principal Office Address:  Mailing Address:		
1669 SW 158 AVE DEMBROKE MNES FL 33027		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualiness entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:	LA PE	
GIXSS MERELUS	ETARIO ETARIO	
Florida street address (P.O. Box NOT acceptable)	PM 2: US	
City, State, and Zip	À	

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) of The name and address of each	or Managing Member(s):  Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MCR	CLYSS MERELUS 1669 SW 158 AVE REMPROKE PINES FL 33027
(Use attachment if necessary)	W 20 01
RTICLE V: Effective date, if other that an effective date is listed, the date for 90 days after the date of filing.)	han the date of filing: 1/-30-06 (OPTIONAL) must be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	. /
	ASS HALLES
V	member or an authorized representative of a member.
of this docume	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury a 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)