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COVER LETTER

Division of Corpo		• •		
SUBJECT: CHECKT	HEHYPE.COM	1, LLC		
		ted Liability Compan	ıy)	
The enclosed Articles of Or	ganization and fee(s) are	submitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
Jim Ryan Sa	lameda			
		(Name of Person)		
	······································	(P) (O)	·	
000 NBM 444		(Firm/Company)		
920 NW 11th	n Avenue	(Address)		
Miami	FL	• ,	3136	
141101111		ty/State and Zip Code)		
For further information con	cerning this matter, pleas	e call:		
Jim Ryan Salameda			305 - 70)77 lephone Number)
(Name of F	erson)	(Area Code	& Dayume 1e	epnone Number)
Enclosed is a check for th	e following amount:			2007 SEC
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy)	y	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F C F	Mailing Address Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	f Corporation	DA F

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	is:		
CHECKTHEHYPE.COM, LLC (Must end with the words "Limited Li	iability Company, "L.	L.C.," or "LLC.")	
	and the second s	,,	
ARTICLE II - Address: The mailing address and street address of the	e principal office	of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Ac	ldress:	
920 NW 11th Avenue	920 NW 11th	Avenue	
Miami, FL 33136	Miami, FL 331	36	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	egistered Agent. You	must designate an indivi	
The name and the Florida street address of the		nt are:	
Jim Ryan Salamed	Ja me		
148	une		
920 NW 11th Aver	nue		
Florida street	address (P.O. Box	NOT acceptable)	
Miami	FL_	33136	
City, Sta	te, and Zip		
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, acity. I further ag e performance of	, I hereby accept th gree to comply with my duties, and I an	e appointment as the provisions of all n familiar with and
Registered Agent's Sig	alame da gnature (REQUIRE	D)	UL 20 PH

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mer	Name and Address:
MGR	Jim Ryan Salameda
	920 NW 11th Avenue
	Miami, FL 33136
MGRM	Jeremy Bernabe
***	5101 SW 92 Terrace
	Cooper City, FL 33328
MGRM	Michael Diaz
	2045 NE 172 Street Apt. # 4
	North Miami Beach, FL 33162
MGRM	Rossano Flores
	1800 San Souci BLVD Apt. # 429
	North Miami, FL 33181
	er than the date of filing: (OPTIONAL) Ite must be specific and cannot be more than five business days prior
REQUIRED SIGNATUR	Eyan Jalameda
(In accords	member or an authorized representative of a member. unce with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)
Jim Ryan Salameda

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

2007 JUL 20 PHIZ: 1,1

Typed or printed name of signee

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGRM	David Aurel 21300 NW 9 Place Apt. # 101 Miami, FL 33169		
MGRM	Trevor Forrester 2365 SW 36 Avenue		
	Miami FI 33145		

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