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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

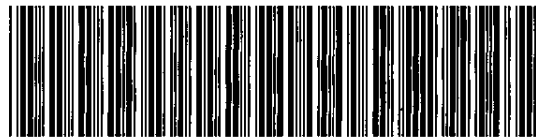
Special Instructions to Filing Officer:

**A. LUN**

JAN 14 2008

**EXAMINER**

Office Use Only



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01/10/08--01032--012 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**

**MyCorporation**  
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e-mail: info@mycorporation.com

## ROUTINE SERVICE FILING REQUEST

Tuesday, December 18, 2007

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

**FILED**  
2008 JAN 11 P 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Re: Komodo Dezine, LLC**

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation Business Services, Inc.  
26520 Agoura Road  
Calabasas, CA 91302  
**ATTN: FULFILLMENT DEPARTMENT**

**Articles of Organization  
For  
Komodo Dezine, LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Komodo Dezine, LLC.

**ARTICLE II - Address:**

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

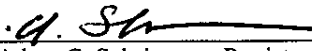
6495 Indian Creek Dr., #17  
Miami Beach, Florida 33141

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Adam C. Schrimmer  
6495 Indian Creek Dr., #17  
Miami Beach, Florida 33141

*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.*

  
Adam C. Schrimmer, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Adam C. Schrimmer  
6495 Indian Creek Dr., #17  
Miami Beach, Florida 33141

  
Meghan Record, Organizer

FILED  
2008 JAN 11 P 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA