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SECRETARY OF STATE
SECRETARY OF



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OT:

Registration Section

Division of Corporations				
SUBJECT: Menshit.net, LLC				
(Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	Jinng this matter to the	tollowing.		
Keith Backer				
	(Name o	f Person)	,	
Menshit.net, LLC				
(Firm/Company)				
2007 N Ocean Blvd	t			
	(Add	ress)		
Pompano Beach FL 33062				
·	(City/State a	nd Zip Code)		
For further information concerning this matter, please call:				
Keith Backer	at (61 , 289219 ⁻	7	
(Name of Person)		(Area Code & Daytime Te	lephone Number)	
Enclosed is a check for the following	ng amount:	•		
✓\$125.00 Filing Fee	Filing Fee & \$\int\\$15 e of Status Ce	5.00 Filing Fee & rtified Copy ditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Ad Registration Division of P.O. Box 60 Tallahassee	Section Corporations 327	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	s	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
Menshit.net, LLC. (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
2007 North Ocean Blvd Pompano Beach FL 33062	2007 North Ocean Blvd Pompano Beach FL 33062	
400 South Dixie H Florida stree Boca Raton FL 33 City, Sta Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position as in the proper and complete accept the obligations of my position accept the proper and complete accept the obligations are accept the proper and complete accept the obligations are accept the proper and complete accept the obligations are accept the proper and complete accept the obligations are accept the proper and complete accept the proper accept the proper and complete accept the proper accept the pr	Registered Agent. You must designate an individe the registered agent are: PA ame Highway, Ste 420 et address (P.O. Box NOT acceptable) 3432 _{FL} ate, and Zip It to accept service of process for the address in this certificate, I hereby accept the accept. I further agree to comply with the performance of my duties, and I am	SECRETARY OF STATE above stated limited appointment as the provisions of all familiar with and

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Keith Backer 2007 North Ocean Blvd Pompano Beach FL 33062 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

Keith F. Backer

that the facts stated herein are true.)

ARTICLE IV- Manager(s) or Managing Member(s):

Typed or printed name of signee