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2008 APR 28 PM 2: 50 SECRETARY OF STATE SECRETARY OF STATE

T. CLINE

APR 29 2008

EXAMINER

COVER LETTER

'TO: Registration Section

Division of Co	orporations		
SUBJECT:	JOHNNY N	MASCOTS, LLC	
	(Name of Limit	ted Liability Company)	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
	Justin M	1. Pearson, Esq.	
		(Name of Person)	
	Pearson &	Associates, LLC	
		(Firm/Company)	
	5531 North Univ	versity Drive Suite 101	
		(Address)	-1
	Coral Sprin	gs, Florida 33065	2008 APR 28 PK 2: 50 SECRETARY OF STATIC TALLAHASSEE. FLORID Number
	(Ci	ty/State and Zip Code)	PR ET
			28 ARY SSE
For further information	concerning this matter, pleas	e call:	ir of the
Justin M. Pear	son, Esq.	at (2: \$ STAI LOR
(Name	e of Person)	(Area Code & Daytime Telep	hone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compar	ny is:
IOLININIV AA	ACCOTO LLC
	ASCOTS, LLC Liability Company, "L.L.C.," or "LLC.")
(Must end with the words Elimited	Liability Company, E.L.C., or LLC.
ARTICLE II - Address:	
The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9280 S.W. 3RD ST	9280 S.W. 3RD ST
#801	#801
BOCA RATON, FLORIDA 33428	BOCA RATON, FLORIDA 33428 土町 元
business entity with an active Florida registration.) The name and the Florida street address of Justin M. Pearso	حتر
	Name
	ty Drive Suite 101 eet address (P.O. Box <u>NOT</u> acceptable)
Coral Springs	_{FL} 33067
	tate, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple	nd to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and a registered agent as próvided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Timothy J. Stahl		
	9280 S.W. 3rd Street, #801		
	Boca Raton, Florida 33428		
MGRM	Harry J. Walk		
	2863 N.W. 123rd Ave		
	Coral Springs, Florida 33065		
			
			
		<u></u>	
		2008	
		- 	maga d
(Use attachment if necessary)	HASS	APR 28	aranan gadaran
ARTICLE V: Effective date, if other than the da	ete of filing:	TYONAI)	And for A
(If an effective date is listed, the date must be s	specific and cannot be more than five husing	ก องี้รูก ออล	riőř
to or 90 days after the date of filing.)	ORIO A	2: 50	
REQUIRED SIGNATURE:			
Signature of a member of	or an authorized representative of a member.		
of this document constitu	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury		
that the facts stated her	7		
c)ustin	Pearson		
Lype	d or printed name of signee		

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)