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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
(=,		
PICK-UP WAIT MAIL		
<u> </u>		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
W08-46998		
Special Instructions to Filling Officer:		
AUTHORIZATION BY PHONE TO		
PRECT MANUEL TOTAL		
DATE 9/4/08		
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Office Use Only



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COVER LETTER

Division of Corporations			
SUBJECT: Bo	ossbreak, LLC		
-	(Name of Limited Liability Company)		
The enclosed Articles of Organ	anization and fee(s) are submitted for filing.		
Please return all corresponden	nce concerning this matter to the following:		
Albe	ert D. Gibson, Esq. (Name of Person)		
Gran	noff + Kessler, P.A. (Firm/Company)		
85 0	01 SW 124th Avenue, Suite 312		
Micimi FL 33183 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Albert D. Gibson, Esq. at (305) 596-0200 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the	following amount:		
	130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee ertificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &	
Reg Div P.O	gistration Section vision of Corporations D. Box 6327 Clifton Building Ilahassee, FL 32314 CStreet/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

5 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		SECRE DIVISION	
Bosshreak, LLC. (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")	TARY OF OF CORPO	
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	cipal office of the Limited Liability Co	RATIONS or Sanya	
Principal Office Address:	Mailing Address:		
7388 S.W BOTH Street Apt. 152 Miami, FL 33143	P.O.Box 160703 Miami, FL 33116	_ _ _	
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)			
The name and the Florida street address of the reg aw Offices of Granoff Kessler Name			
8501 SW 124th Avenue, Stc 312 Florida street address (P.O. Box NOT acceptable)			
City, State, and	<u>FL 33183</u> d Zip		
Having been named as registered agent and to accept liability company at the place designated in this registered agent and agree to act in this capacity statutes relating to the proper and complete performancept the obligations of my position as register	is certificate, I hereby accept the appoint I further agree to comply with the prov formance of my duties, and I am familian	tment as visions of all r with and	

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:
MGR	Francheska Storie 7388 sw 80th street Miami, FL 33143
MGRM	John Correa 7577 SW 112 Place Miamilifl 33173
(Use attachment if necessary)	
ARTICLE V: Effective date, if other that (If an effective date is listed, the date m to or 90 days after the date of filing.)	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE!	make Marka Store

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 that the facts stated herein are true.)

Typed 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)