L0900039313		
(Requestor's Name) (Address) (Address)	300150989213	
(City/State/Zip/Phone #)		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED 09 APR 23 AM ID: 40 INVESTIGATE INVESTIGATE	
Office Use Only	B. KOHR APR 2 3 2009 EXAMINER	



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CORPORATION SERVICE COMPANY'	LAN RRS LED
ACCOUNT NO. : I2000000195	SSE PR
REFERENCE : 968984 7649782	TOT IS
AUTHORIZATION : Spulle man	A A A A
COST LIMIT : \$ 125.00	·
ORDER DATE : April 22, 2009	
ORDER TIME : 8:17 AM	
ORDER NO. : 968984-005	
CUSTOMER NO: 7649782	

DOMESTIC FILING

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NAME: NOT TONIGHT JOSEPHINE, LLC

EFFECTIVE DATE:

XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young - EXT. 2962

EXAMINER'S INITIALS:



ARTICLE II - Address:

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

Principal Office Address:

2722 Jetton Avenue

Tampa, FL 33629

Mailing Address:

2722 Jetton Avenue

Tampa, FL 33629

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

> Conal Foley Name

> > 2722 Jetton Avenue

Florida street address (P.O. Box <u>NOT</u> acceptable)

Tampa, FL 33629 FLORIDA City, State, and Zip

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 as provided for in Chapter 608, Florida Statutes.

/s/ Conal Foley

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

. _ . _ _ . . .

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Adam Austin Aungst
	5202 Vaughn Rd
	Plant City, FL 33565
MGRM	Randy Ayers
	10215 Pink Palmata Ct
	Riverview, FL 33578
MGRM	David Easlick
	4826 Copper Canyon Blvd
	Valrico, FL 33594
MGRM	Evan Michael Foley
	· · · · · · · · · · · · · · · · · · ·
	501 Knights Run Ave #2120
	Tampa, FL 33602

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED	SIGNATUR	RE:
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Signa	Signature of a member or an authorized representative of a member.		
of thi	(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.)		
By:	Ronald S. Bienstock, Esq		
	Typed or printed name of signee		

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)



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Additional Managing Member (MGMR):

Jake Daniel Moore 10215 Pink Palmata Ct Riverview, FL 33578

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