

LD9000044944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

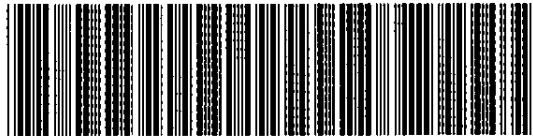
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
**L. SELLERS**  
MAY - 8 2009  
**EXAMINER**

Office Use Only



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05/07/09--01039--014 \*\*155.00

**FILED**  
09 MAY -7 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MyCorporation<sup>®</sup>  
An Intuit Company

21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

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E-mail: info@mycorporation.com

## ROUTINE SERVICE FILING REQUEST

Tuesday, May 05, 2009

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

**Re:** *City Mixers 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, an Intuit Company  
**Attn: Fulfillment Dept.**  
21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

**Articles of Organization  
For  
City Mixers LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is City Mixers LLC

**ARTICLE II - Address:**

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

2080 S Ocean Drive  
#202  
Hallandale, FL 33009

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

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

NRAI Services, Inc.  
2731 Executive Park Drive.  
Suite 4  
Weston, FL 33331


*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.*

  
\_\_\_\_\_  
NRAI Services, Inc., 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:

Alice Stein  
6 Erick Rd #60  
Mansfield, MA 02048

  
\_\_\_\_\_  
Meghan Record, Organizer

**FILED**  
**09 MAY - 7 PM 1:25**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA